

# *MENTAL HEALTH AND SOCIAL WELFARE*

ROBERT H. FELIX, M.D.

DAVID HALLOWITZ

GEORGE W. ALBEE

ALBERT V. CUTTER, M.D.

HOMER C. BISHOP

KATHARINE PITKIN

MARY E. BLAKE

MINNIE MAUD HARLOW

JOSEPH J. REIDY, M.D.

L. TRIMBLE STEINBRECHER

WILLIAM C. SAMPLE

BARBARA E. PHINNEY

PHYLLIS ROLFE

ELSE JOCKEL

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## FOREWORD

INTEREST IN MENTAL HEALTH has become one of the nation's most popular "hit themes." Our increased knowledge of human behavior and the newer findings affecting mental health programs in medicine, psychiatry, and the physical and social sciences have accelerated the interests and concerns of many disciplines with the promotion of mental health—from the techniques of therapy to help the individual in his adjustment, to the myriad of organized community activities that advance his welfare generally and therefore his mental health.

The collective efforts of the social welfare community—lay and professional, governmental and voluntary social agencies—have been an important factor in the growth and development of mental health services in the United States.

It was particularly appropriate, therefore, for the National Conference on Social Welfare at its 1960 annual forum in Atlantic City to give special attention to this area. There is an ever increasing need to clarify the common elements and the distinctions between the fields of social welfare and mental health. These common factors and distinc-

tions were well discussed in approximately twenty-five sessions devoted to mental health—sessions participated in by social workers, psychiatrists, clergymen, psychologists, sociologists, social agency and mental health agency administrators, practitioners from various practice settings, and academicians, and others who made up the sixty speakers and formally designated participants as well as the several thousand who attended and contributed to the discussion.

The National Conference on Social Welfare felt, also, that it was desirable to stress the relationship of social work practice to the maintenance of mental health as well as its particular role in the provision of services for the mentally ill. This relationship was explored in discussions ranging from individualized services to community-wide organization, from parent consultation to institutional care, from prevention to treatment, and, in general, the whole panorama of mental health services.

This emphasis on mental health at the National Conference on Social Welfare, particularly appropriate during the World Mental Health Year of 1960, was made possible by the cooperation of governmental and voluntary effort—a grant from the National Institutes of Mental Health, a grant from the William C. Whitney Foundation, and funds from the National Conference on Social Welfare itself.

In this "age of anxiety" such meetings around the subject of mental health can make a contribution to the advancement of our knowledge about, and services in connection with, mental health. I believe these sessions at the National Conference made such a contribution.

The papers in this volume were selected for publication by the Conference Editorial Committee, composed of: Ray-

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mond Chase, Boston; Corinne H. Wolfe, Washington, D.C.; Herbert Millman, New York City; and Joe R. Hoffer, Executive Secretary of the Conference (ex officio).

CHARLES I. SCHOTTLAND  
*President, National Conference  
on Social Welfare*

*Waltham, Massachusetts  
November, 1960*



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## THE CONTRIBUTORS

GEORGE W. ALBEE, Chairman, Department of Psychology,  
Western Reserve University, Cleveland

HOMER C. BISHOP, Associate Professor, George Warren  
Brown School of Social Work, Washington University,  
St. Louis

MARY E. BLAKE, Group Work and Community Services  
Consultant, Children's Bureau, Social Security Adminis-  
tration, U.S. Department of Health, Education, and Wel-  
fare, Washington, D.C.

ALBERT V. CUTTER, Medical Director, Psychiatric Clinic,  
Inc., Buffalo, N.Y.

ROBERT H. FELIX, M.D., Director, National Institutes of  
Mental Health, Bethesda, Md.

DAVID HALLOWITZ, Assistant Director, Psychiatric Clinic,  
Inc., Buffalo, N.Y.

MINNIE MAUDE HARLOW, Chief Group Worker, Menninger  
Foundation, Topeka, Kans.

ELSE JOCKEL, Chief of Social Services, State Department of  
Mental Hygiene, Baltimore; formerly Director of Psy-  
chiatric Social Work, Springfield State Hospital, Sykes-  
ville, Md.



**BARBARA E. PHINNEY**, Assistant National Director, Service in Military and Veterans Hospitals, American National Red Cross, Washington, D.C.

**KATHARINE PITKIN**, psychiatric social worker, Psychiatric Clinic, Inc., Buffalo, N.Y.

**JOSEPH J. REIDY, M.D.**, Director of Child Psychiatry, Esther Loring Richards Children's Center, Owings Mills, Md.

**PHYLLIS ROLFE**, research psychiatric social worker, Study of College Volunteers, Harvard University, Cambridge, Mass.

**WILLIAM C. SAMPLE**, psychiatric social worker, Children's Health Council of the Mid-Peninsula, Palo Alto, Calif.; formerly child welfare worker, Social Service Division, San Mateo County Department of Health and Welfare

**L. TRIMBLE STEINBRECHER**, Executive Secretary, Illinois Board of Public Welfare Commissioners, Chicago

*MENTAL HEALTH  
AND SOCIAL WELFARE*



## *A COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAM*

*by Robert H. Felix, M.D.*

IF A COMMUNITY is to have an effective and a reasonably comprehensive mental health program such a program must include, first of all, adequate treatment for those who need it. It must include activities designed to prevent mental and emotional problems from developing. It must also include elements which promote the self-realization of all the citizens in the community; for mental health implies the fullest realization of a person's capacities. To be fully effective, a good mental health program must include some provision for social action so that the total community environment is a mentally healthy one. This is particularly important for those areas, such as family life and school experience, which affect the individual most closely.

Before we can determine the components that should be included in a comprehensive mental health program for any given community, we need to know what that community is like. We need to know its present characteristics, and what directions it is taking or will be likely to take during the next several years. We need to understand the problems already faced by people in the community, and the problems they are likely to have in the future. We must review these factors, and in the light of the total social and

psychological welfare, present and future, formulate plans for a program that will respond to the needs of all the people in the community.

Workers in the field of mental health look to their teammates in social work to share in the leadership and statesmanship necessary to shape the patterns and meet the problems in the decade ahead of us. Perhaps the most striking characteristic of our present-day environment is the extreme rapidity of change—family change, social change, world change. In the past fifty or sixty years we have moved, as one commentator at the 1960 White House Conference on Children and Youth stated, from the frontier to suburbia. Some of these major shifts have been summarized succinctly:

Reviewing major changes of the past decade, the States report on the "population explosion," on the growing proportion of young people in the population, on the restless movements of our people, on the increasing concentration of Americans in cities and the urbanization of American life everywhere, on the suburban "boom" and the corresponding decline of "inner" cities. They report on accelerating technological innovations, on the increasing technical complexity and the increasing efficiency of industry, and on the general affluence of American society.

These are among the more measurable and verifiable of the alterations recently wrought in the American scene. Each, like the stone in the pond, has created waves and ripples affecting the less tangible and more subjective sides of American life. Cause and effect are not easily disengaged, however, and it may be that a deep-running "drift" in ideals and values—in attitudes and interests—is as much cause as effect.

Whatever the cause and effect relationship between environment and attitudes, the States are keenly aware of changes of the more subtle order. They report on our preoccupation with *things*, with gadgets, with spending, and with adjusting to the behavior of the Joneses—or their children. The States are concerned because, though the majority of Americans are healthier, live better,

and are better educated than ever before, they seem no better satisfied, and behavior is marked increasingly by signs of mental and emotional malaise or serious ill health. It is pointed out that the hardships of life in America are—for increasing numbers of people—primarily psychological.<sup>1</sup>

These hardships invade the most private confines of our everyday life. Their results are reflected in the statistics on mental and emotional disorders, and in such grave social problems as juvenile delinquency and alcoholism. Along with our tremendous population growth, there has been a great increase in those groups that have special problems and need special attention, such as the very young, the very old, the handicapped, and the chronically ill.

Our new way of living has posed serious threats to family security and has decreased the ability of the family to take care of its members in case of emergency. Urbanization has brought a decrease in community and neighborhood solidarity, so that each individual, each unitary family, necessarily stands alone. The great increase in the number of working women and the rapid mobility of the American people have further weakened family and neighborhood ties. The uneven expansion of our economy, problems of inflation, problems of automation, all add their burden to the conditions which produce psychological distress.

These changes, however, have brought with them new attitudes and new outlooks which perhaps contain the seeds for the solution of the problems they produce. There has been a rebirth, in present-day American society, of the awareness of interdependence among people and groups within the population. There has been a redefinition and a

<sup>1</sup> *The States Report on Children and Youth* (with permission of the Golden Anniversary White House Conference on Children and Youth, publisher and copyright holder, Washington, D.C., 1960), pp. 21-23.

broadening of the sense of community responsibility. This awareness and this redefinition have resulted in the conviction that many kinds of services—social services, counseling and guidance services, rehabilitation services, physical and mental health services—must be made available to all as a community responsibility.

Beyond that, we are beginning to recognize the importance of creating a community climate where people, all people—children, adults, the aged—have a sense of belonging; where the techniques of mutual help are recognized and acceptable; where society, through its attitudes and structure, provides support to withstand the normal stresses of living—the stresses encountered in growing up, in adjusting to family responsibilities, in becoming old.

How does one provide this kind of climate, so essential for mental health? How does a community give its citizens a feeling of belonging? How does it help them meet stresses in various life situations? What facilities does it provide to help its citizens when they are in trouble? Community leaders, community welfare councils, social research personnel—all are concerned with these problems, with plans for meeting the social challenges of our age.

Since the community is the basic social unit through which the needs of people may be met, a community mental health program should include, through both private and public resources, a comprehensive range of services that will be available to all members of the community. These services should include care, treatment, and rehabilitation of the mentally and emotionally ill, prevention of mental illness, and promotion of mental health. One can identify at least six major areas of essential service which should be included in the program.

One area, which includes the bulk of present mental health services, is concerned with early diagnosis and prompt treatment of mental and emotional disorders. This embraces all the various clinical services: the therapeutic skills provided not only by psychiatrists but by other physicians as well; outpatient facilities, psychiatric and others; psychiatric services in general hospitals; specialized psychiatric institutions. Essential also are the case-finding services of schools, welfare agencies, and public health departments. These agencies and individuals must work closely together if optimum services are to be offered to all members of the community.

A second essential area includes follow-up and rehabilitative services for persons returned from inpatient psychiatric supervision and those in foster homes or under similar care. During the past few years there has been increased emphasis on this activity, as well as on services for the mentally ill person resident in the community. While this calls upon many of the therapeutic services mentioned above, its emphasis is different and the skills required are more those of casework and rehabilitation than of therapy.

A third element of a comprehensive mental health program is the provision of consultant services to schools, courts, public and private health and welfare agencies, and the other "gatekeepers" in the community. Such consultation enables professionally trained people to incorporate mental health principles and practices in their everyday relationships and work with others.

A fourth essential is public education. This includes public information and education programs which utilize the mass media, as well as educational activities conducted in small groups.



A fifth component is social action research—research to find answers to those problems that are basic to mental and emotional disorders, and to evaluate the effectiveness of new or unique mental health programs. This kind of research is rooted in the community itself, involves all the groups and forces in the community, and takes into account the needs, goals, and aspirations of the community. Its purpose is to give the community an objective view of itself which will help it become a better place for all of its people.

A sixth essential component of a comprehensive mental health program involves efforts to prevent mental illness. This is in many ways the most important element of all. Prevention of mental illness implies not only the reduction of those factors which tend to produce mental and emotional disturbances, but also the provision of a climate in which each citizen has optimum opportunities for sustained creative and responsible participation in the life of the community and for the development of his own particular potentialities.

The best hope for promoting mental health and preventing mental illness is to develop programs which provide supportive services for the total population. This implies an approach which deals with people where they are, as they are, surrounded by the various aspects of their daily living. It involves corrective action concerning those phases of community life which we know are associated with certain types of maladaptive behavior. We must also take positive action to provide aid for people during periods in their life when they are subject to great stress.

The concept of preventive activities implies the extension of professional efforts and skills to the primary point in the cycle of health and social disability, that is, just before dis-

ability develops. It means making available to everyone services which traditionally have been established for the more vulnerable members of the population. Present knowledge and skills can be used to reinforce the healthy development which is crucial to good mental health by concentrating on critical periods in the life of the individual. Entrance into school, adolescence, marriage, birth of children, retirement, and old age are convenient points of approach for a program of preventive intervention. Another critical point occurs in individual and family life when families move from one locality to another and undergo a period of transition.

Preventive services or intervention can be offered through a wide variety of agencies and social institutions. We need to examine more carefully the organization and structure of agencies which have been established to help people with problems so that these agencies can reach a larger portion of the population at times of life crises. The number of agencies potentially available is evident when one considers that help can range from reassurance and psychological support, and assistance in dealing with environmental changes, up to physical therapy, treatment, and rehabilitation.

Social work is of crucial importance in developing ways of providing preventive intervention, since it operates in most of the areas in which mental health services are needed. The traditional concern of social work with family welfare is particularly pertinent to such planning. Bradley Buell and his Community Research Associates have marked the family as the key unit of approach in preventive mental health programs as well as in diagnostic and therapeutic programs. Their work emphasizes the importance of the family in the coordination and integration of services. Be-

cause there are few individual problems which do not have factors in the family background and because there are few cases where a person can be treated adequately without cooperation from the family, it is obvious that more family-treatment types of activity need to be developed. The National Institute of Mental Health is conducting as well as supporting a number of studies of family therapy. These investigations are bringing out new knowledge about the intrafamilial dynamics that underlie disturbed behavior, and about improved techniques for treating the patient and his family as a social unit.

Preventive mental health services depend upon acceptance of the need to deal with mental health problems, on planning which takes into account all the various factors in the community, on coordination and integration of services to prevent family breakdown, and on objective and periodic evaluation of results. The identification of social work with large social issues, and its emphasis on human needs, interpersonal relationships, community organization, consultation services, group work, social research, and social planning, places this profession in a position to make a contribution which is both unique and critical so far as preventive mental health activities are concerned.

Essential to the effective operation of a preventive mental health program are, first, a population which knows what to do and is prepared to act at the first sign of trouble and, next, services that can give the requested help. People need to know what services are available, and the reasons for utilizing such services, before they find themselves in serious difficulty. They must know why they should seek advice when they plan for retirement, when they consider having a relative live with them, when they prepare a

child for hospitalization. All these situations can lead to emotional problems if people are not prepared to cope with them adequately. Most people, however, do not consider seeking professional help until a problem becomes too large for them to handle. They will consult their insurance agents before embarking upon a new insurance program, they will consult their clergyman before getting married, they will do a great deal of research before buying a new car. But very few will consult an appropriately trained person before major problems in their lives get out of hand.

This fact highlights the necessity of mental health education of the general public as a prerequisite to any community health program. People need to be aware of the effects of environmental stress on human personality and behavior, of the importance of interpersonal relationships, and of their own feelings. Above all, they need to be willing to seek help and to know where to find it, and such assistance must be available. People want to feel that there is someone to whom they can turn for understanding, someone who will help them with burdens that are too heavy for them to bear.

The community that is functioning properly provides human support for its people at each critical juncture of their lives. Since responsibility for preventing emotional disorder falls heavily on such professional workers as the physician, the clergyman, the teacher, and the social worker, an effective community mental health program must be backed up by the special services which trained mental health personnel give to staffs of other agencies. Such consultation can be extremely useful to welfare departments, schools, the clergy, courts, legal aid societies,

public health departments, medical care and health protection agencies, family and social service agencies, recreation departments, and local government units.

The mental health consultant may be asked to help with particular individuals whom the agency is serving, or to provide an in-service education program for the agency staff. The consultant can help social agency staff in the diagnosis of psychiatric problems and in referrals of clients for appropriate treatment. He can also help them handle particularly difficult cases and adapt administrative practices to insure maximum service to their clientele.

Cooperation with another important group in the community can aid immeasurably in the task of community mental health education. Professional workers in public information and communication—newspaper reporters, magazine writers and editors, radio and television writers and producers—look to the mental health experts for background information on, and for assistance in interpreting, psychiatric material. Given this assistance, they can help a great deal in disseminating knowledge about human personality and about emotional problems.

In all mental health education activities, as well as in all consultation to key groups in the community, the mental health worker must be aware of the professional needs of the people with whom he is trying to communicate. In other words, the consultant must first understand the job of the agency worker, the probation officer, the newspaper reporter, and must fit his communication into the problems that arise in the daily routine of the person he is helping.

Reporting on the ten-year experience of a community mental health service which was established in an effort to learn how to prevent emotional illness and its consequences,

the Wellesley (Massachusetts) Human Relations Service had many interesting things to say about consultation. One of the first steps taken by the mental health team at Wellesley was to become familiar with the ways in which different professional groups in the community dealt with people as a matter of course in their daily life. Their explorations, as one would expect, revealed that all these professional people, at one time or another, are called upon for help by people in difficulty.

In the beginning phases of the project, members of the various professions began to refer clients to the clinic services provided by the new agency. It was expected that a psychiatric agency would treat the more serious cases, and the first referrals tended to be people who had been disturbed for a long period of time. Later, however, the Human Relations Service shifted the emphasis to helping people in crisis situations. The community began to realize that in order to prevent crises, one must look not just for outward signs of disturbance but for danger signals which might presage serious problems. The clergyman began to be concerned with the parishioner whose reaction to bereavement was unusual; the teacher began to discuss the kindergarten child who was too good and too quiet. The various professional workers began to seek advice and assistance in handling problems themselves or in referring clients to appropriate sources of help. Such mental health consultation depends upon close working relationships between two professional people, the consultant serving as a consultant rather than as a supervisor or an expert in a special field.

An especially critical area of activity for any comprehensive mental health program is that of school mental health.

By this I refer not merely to case-finding, diagnosis, and treatment of school children suffering from various types of emotional disorder. I refer also to the total school environment and the importance of building into that environment those conditions which will help prevent emotional disorders and which will promote the healthy and full development of each child. The school, next to the home, is the most important influence in the daily life of every child for a long period of time, and during some of the most critical phases of his growth.

Thus far, I have discussed elements of a mental health program other than those which traditionally have been regarded as the responsibility of outpatient agencies in the community. A comprehensive program also must have strong elements devoted to the care and treatment of people with severe emotional problems. During the past few years, responsibility for many of the mentally ill has steadily been moving away from the mental hospital into the outpatient clinic, the general hospital, the general practitioner's office, and the community at large. Responsibility is being decentralized from the state level to the local level.

Many trends and developments have been responsible for this change. The new psychoactive drugs, which enable a considerable number of patients to be treated while they remain in the community, have had a great impact on the rehabilitation of the mentally ill. Equally important, if not more so, has been the development of new methods of treatment which closely involve the community. These include the so-called "alternatives to hospitalization," programs in which patients are cared for while residing in the community, as well as attempts to provide continuity of care for all mental patients. Pre- and posthospitalization serv-

ices and a protective environment within the community enable patients to derive more benefit from the hospital experience and to make a gradual readjustment after their discharge.

The development of such community facilities does not necessarily mean that hospitalization for mental illness will become either unnecessary or undesirable. These facilities have been established in recognition of the need for close collaboration between community agencies and mental hospitals, for a frame of reference in which the hospital is considered another facility, another resource, in the community's armamentarium for dealing with mental and emotional illness.

As these hospitals initiate new procedures based on new concepts of care, as they put into practice new methods of handling patients which mean that hospital stays are being shortened and hospital life is becoming more varied, there is need for additional personnel in the mental hospital itself and for closer collaboration and communication between hospital staff and the staffs of a wide range of community social agencies. Social group workers and similar personnel are needed to help with the social rehabilitation of patients in mental hospitals and clinics, in ex-patient clubs, halfway houses, and other special service programs for mental patients.

Attempts to prevent unnecessary hospitalization also require the active participation of welfare agencies. These agencies deal with people who are under stress and, in many cases, unable to cope with their life situations. Increasing numbers of mentally ill persons are now being maintained by the long-term emotional support offered by caseworkers in public welfare agencies. Many of these indigent peo-



ple suffer from emotional disturbances, yet they do not require hospitalization. The supportive help as well as the financial aid they receive from the welfare agency helps keep them out of the hospital. There is not yet a sufficient amount of this type of service, however. More legislation, more community interest, and many more professional workers are needed.

Another area in which new concepts emphasize the importance of social welfare and community organization is that of mental retardation. We now know that many retarded children can be helped through education, treatment, and other therapeutic measures, even though the basic defect cannot be corrected. This means that a total community mental health program should include services for the early identification and diagnosis of retardation, for an appraisal of the capacities and limitations of the child and his family, and for social treatment. Welfare, health, and education services for these children must be coordinated. We also need additional social work research on the effects of the social and psychological environment on the functioning of the retarded child.

The growing awareness of the importance of social relationships in the etiology and treatment of mental illness, the heightened interest in the study of the mental hospital as a social institution, the recognition of the importance of a therapeutic environment in the hospital and the community, the introduction of public health concepts into the plans for treating and rehabilitating the mentally ill, and the recognition of the special social needs of the aged, the alcoholic, and the mentally retarded have all helped to highlight the importance of active and interlocking community activity in order to promote mental health in the broadest

possible sense. All these activities, moreover, have reemphasized the important role of social work in coordinating and integrating the total community approach to the problems of mental illness.

As we move into the next decade, and as the new techniques and programs are developed further, this importance will continue to grow. The National Institute of Mental Health has broadened its support of social work training considerably, on the assumption that all social work is related to mental health. Professional training has always emphasized that social work is a profession which serves the total community. There needs to be greater emphasis, in the training of the social worker, on the role of the social worker in social change. Shortages of trained social workers in mental hospitals, in public assistance agencies, and in other broad social programs also stress the fact that social workers must join with social scientists, public administrators, economists, in assessing the needs for professional social welfare personnel at various levels. More social work students should be encouraged to go into research so that they can assist in the evaluation of existing social services and in planning for future services. The intervening role of social welfare demands careful study, and the contribution of the social worker to public health and maternal and child welfare programs should be given additional attention.

The schools of social work have been placing more and more emphasis on the importance of social work departments in mental hospitals and have been encouraging their students to work in such institutions. There is great need, however, for more social workers in mental health centers and in some of the newer preventive and experimental pro-

grams, as well as in the institutions for the mentally retarded, which are still considered low-status institutions. More school social workers must be found now that public schools are expanding their special classes for the retarded. Social workers in family agencies and health departments can also help parents of retarded children.

Too many social agencies and welfare departments are concerned principally with those who are already ill and do too little promotion of mental health and psychological welfare. Too much of the work of these agencies is devoted to "patching up," to dealing with existing problems rather than planning ahead in order to forestall the onset of problems. There has also been a trend for different types of agencies to work with different elements in the community. Family agencies have, in general, provided services to the middle classes, and these services have as a rule included a large mental health component. The public welfare agencies have tended to care for the lower socioeconomic groups, and fewer mental health services have been incorporated in their programs.

Social workers have traditionally carried very heavy responsibility on the staffs of community mental health centers. With the expansion of other types of programs, such as aftercare for former mental patients, social workers now have the opportunity to bring mental health services to additional population groups in the community. Social work for the aged, the indigent, the physically handicapped, and many other segments of the community can help reduce the mental hospital population. Skilled personnel trained in community organization are needed to work with public and private agencies, as well as with voluntary and civic groups, in mobilizing resources for necessary health and

social services in the fields of aging, alcoholism, delinquency, and other problem areas.

Social agencies and social workers have specialized skills and special responsibilities for doing mental health work. The term "mental health" itself covers social as well as psychological health. The field of mental health, therefore, depends heavily upon social welfare to see to it that psychological services are made available to everyone in the community at crisis and precrisis points in their lives; that the total community environment is conducive to mental health; that there is a continuum of service covering prevention of mental illness, promotion of mental health, and care, treatment, and rehabilitation of the mentally ill; that the network of mental health services in the community reaches the total population as well as special risk groups.

There is, of course, considerable variation in the ways by which different communities and different states have attempted to provide these services. A number of states have taken leadership in helping communities develop high-caliber programs for the promotion of mental health and the treatment and rehabilitation of the mentally ill and the mentally retarded, including special activities in work with alcoholics, the aging, and children, and early treatment of the psychotic patient. In some states, planned cooperation between different departments in the state government contributes to the effectiveness of over-all mental health services. Other states have instituted significant training and research programs. There is also a real need for state leadership in providing in-service mental health training and in coordinating the education resources available for training mental health personnel.

A number of local communities have established mental health programs which attempt to integrate themselves into the total community framework. One city has established a psychiatric emergency service, on a seven-days-a-week basis, where patients can get immediate help with emotional problems. In many places, psychiatric services are available in the general hospitals. A number of communities have set up experiments to test new methods and services by means of pilot projects and demonstrations. Carefully planned and evaluated social research is adding to the effectiveness of many of these programs.

In the past decade or two, our concepts of mental health have broadened to include prevention and the treatment of populations as well as of individuals. Schools, churches, and other community organizations have become increasingly interested in mental health. They have added methods and techniques that have enlarged the field considerably. The net effect has been that more and more professions have begun to recognize and to play their part in mental health. At the same time, mental health and public health have been brought closer to the whole broad field of social welfare.

However, despite these promising beginnings, there probably is no ideal community mental health program in the United States today. The integration of mental health services into community health and welfare programs is a task for the decade ahead.

We are now at a point where all the varied elements, the new knowledges, the new experiences, can begin to be merged and synthesized into what we consider to be a comprehensive community mental health program. This synthesis will mean that instead of thinking of a community as a

collection of separate agencies, we will think of it as an entity that serves all its people, with public health, education, social work, industry, the churches, recreation, the courts, and psychiatry each making its own unique contribution to an integrated total mental health program.

Perhaps, in the last analysis, the most telling element of the comprehensive community mental health program will be that it becomes a shared responsibility of all the social agencies and institutions of the community, with mental health services fully integrated into, and a regular and continuing part of, the total social environment.

## THE MANPOWER CRISIS IN MENTAL HEALTH

*by George W. Albee*

THE PROBLEMS OF MENTAL DISORDER, and of our nation's growing inability to provide competent professional help for those members of our society who suffer from mental disorder, simply refuse to disappear. Rather, they show alarming signs of becoming worse.

Actually, the solution of professional manpower needs in any field is largely a matter of balancing the aspirations of society against its ability and willingness to pay for the realization of these aspirations. We are in the embarrassing position of being in the midst of a mental health movement without having enough competent professional people to provide the services the movement requires and with little or no prospect that we will be able to narrow the gap between aspiration and need in the foreseeable future.

Let me mention one or two of the most important indications of the shortage of professional personnel in the mental health fields. The most serious understaffing exists, of course, in the public mental hospitals where most of the seriously disturbed members of our society are housed, often with only simple custodial care.

Our manpower problem is not limited to our public mental institutions. The needs in mental health clinics

and in private hospitals are almost as great. For example, we would need 2,500 trained professional people immediately if we were to bring all of our states up to the very modest goal of one mental hygiene clinic for every 100,000 people. Were we to strive to achieve the goal of one clinic for every 25,000 people, a most modest aspiration in view of the demand, we immediately see that the problem could not be solved. To reach this socially desirable goal by 1965 would require 25,000 additional professional workers, half of them in psychiatric social work and the other half divided between psychiatry and clinical psychology. There is no chance that this number of people can be trained.

A serious manpower shortage is in prospect for the health professions in general and for mental health in particular. Unless positive action is taken, and soon, our citizens will have even less professional help available in the future than they have at present. Despite an increasing social demand for health services of all kinds we shall have to offer fewer services.

In the increasing complexity of our society two contrary trends are evident in the whole manpower field. On the one hand, there is a heightened demand for people who have had extensive specialized training to keep up with the requirements of our industrial civilization. But on the other hand, because of the relative ease with which we can obtain nearly all the material products of our civilization (which we have learned are symbolic of success and happiness), there has been a growing resistance in our young people to the painful process of acquiring skills and knowledge through serious education; indeed, there has been a deterioration of our educational system.

Professions come into being, or multiply, because they



meet social needs. Often they take over functions formerly performed by other social institutions. Our increasing reliance on the professions seems to reflect in part, an unfortunate decline in those social institutions that formerly provided nurture and sustenance for large numbers of people who are now cared for by professional agencies. The declining strength of the family and of the neighborhood as positive sources of support and as social controls is having terrible consequences. These consequences are evident in the climbing rate of juvenile delinquency, the prevalent feeling of rootlessness, dissatisfaction with jobs, and perhaps even in the declining strength of our educational system.

A recent survey indicates that one in every five Americans changed his place of residence in 1959. We are becoming more and more mobile. The powerful forces for stability that once existed in the neighborhood, where there were a variety of houses, a variety of families, and a variety of age groups, are rapidly being lost through our increasing standardization. Housing in our suburbs becomes more and more interchangeable, like high-level motels. And in our cities the slums spread.

The family becomes less stable as so many of its important functions are turned over to the supermarket, the entertainment industry, and paid professionals of every description.

The increase in our population, if the processes of standardization within our society continue, will inevitably result in a greater demand for professional time, beyond that to be expected from population increase alone.

A number of other factors that will affect the future of community mental health agencies are indirectly related to

the population explosion. One of these is the growing urbanization of our population. More and more, people tend to cluster together in urban areas. The proportion of our citizens who live on farms and in villages declines steadily. For many and complex reasons, more professional help is needed when people live close together. This may partly be due to a greater degree of friction, to shortages of living space and tempers, and to an increase in physical and social infections. We know, for example, that city people are less healthy, more tense, than country people. There is a much higher rate of hospitalization for mental disorders among urban dwellers, and more demand for community-sponsored help in all sorts of problem areas.

This means that as our population rises, and concurrently our urbanization, requests for mental health services mount more rapidly than the increase in population alone would warrant.

Nor is the situation likely to be improved by a crash program or by any clever juggling of personnel figures. The ponderous machinery of social change is not geared to rapid readjustment when the need is for personnel with extensive professional training. One of the refreshing facts about our society is our pervasive sense of optimism that all problems can be solved if we only buckle down and take action. And it is conceivable that a nation which could mobilize itself to train tens of thousands of aircraft pilots in a few short years during the Second World War could likewise mobilize itself in the field of professional education. I am only suggesting that we are not likely to do so because the popular enthusiasm for educational mobilization is far less than the enthusiasm for defeating a more visible and tangible enemy.

There are a couple of other factors of which we should

be aware. The first of these is the misleading picture which we can get from manpower statistics. Usually we say that there are so and so many professional people per 100,000 citizens, or that there are so and so many citizens to each trained person. The trouble is that these kinds of ratios appear to imply that professional time is equally available to each citizen. There are many reasons why this is not so.

For example, there has been considerable discussion to the effect that there is a phenomenal increase in the number of residents in training in psychiatry. Let us look carefully at the situation to see whether there is cause for optimism. In 1959, we are told, there were about twenty-seven hundred psychiatric residents in training centers across the country. This sounds like a goodly number, especially when we discover that in 1950 there were only some fourteen hundred psychiatric residents in training. It would appear at first glance that we have nearly doubled the enrollment in residency programs. But in 1950 less than 10 percent of these residents were graduates of foreign medical schools, while in 1959 approximately 40 percent were trained abroad. In other words, more than a thousand of our current psychiatric residents have received their medical training outside the United States; there is little increase in the number of residents from our own medical schools.

We are a long way from having enough psychiatrists. We are not training them in sufficient numbers nor in places where they are badly needed. Two thirds of all the physicians now in training programs in state mental hospitals, for example, received their medical education abroad.

In eleven states no one is being trained in psychiatry. And in nine additional states fewer than ten physicians are in psychiatric residency. New England and the Mid-Atlan-

tic states have nearly half of all psychiatric residents in training, although these states include only about a quarter of our population. Some twenty-two states had no psychiatric residents in their state systems in 1959.

Despite the apparent increase in the number of psychiatric residents, fewer than seven hundred are reported to be in their third year of training. I predict that fewer than two hundred of these trained psychiatrists will be available for what we might call "public" psychiatry, that is, available to devote a major share of their time to nonprofit agencies and institutions.

In social work the picture is just as grim. There was a decline in the number of graduates from schools of social work for several years, and while the curve now appears to be turning upward, present trends indicate that the supply of social workers will not be sufficient to meet even the most conservative estimates of need. Indeed, we are losing ground, for budgeted jobs multiply faster than graduates are produced. In psychology we have reached a plateau in the present registration of graduate students so that we can only look forward to a decrease in the number of psychologists available in the immediate future and to a slow increase in the number who will be available during the next several years. The same picture can be painted for psychiatric nursing, though here there are some rays of hope. Actually, the total number of nurses being trained is increasing somewhat more rapidly than the rate of growth of our population. This means that if we can encourage more nurses to enter psychiatric nursing, it is possible that the personnel in that field has a better chance of increasing in numbers than the workers in most of the mental health professions.

Shortages exist, and very probably will continue to exist, in other mental health fields, such as group work, occupational therapy, physical therapy, rehabilitation, and counseling.

The blunt facts are simple. We do not have enough trained personnel to handle the present demands of our society, and the needs are growing faster than we are training personnel to meet them.

Why are we in this position? Why is the nation that controls half the world's wealth and has only 7 percent of the world's population unable to provide all the services required for her mentally disordered and emotionally disturbed citizens?

I suggest it is a matter of the public's reluctance to give up one thing for another.

We must realize that there is no absolute criterion of health needs. We are a reasonably healthy people. Since the beginning of this century progress in medical science has cut infant mortality to 30 in 1,000 live births. Only one child in 2,500 now dies between the ages of five and fourteen. Our life span continues to lengthen.

In many parts of the world our achievements in public health must seem unbelievable. Needs are largely a matter of aspiration. To the hungry man there is simply one shortage. But our people, for the most part healthy and well-fed, aspire to better health care, and they are asking for better care in mental health.

It is surprising how much social conditions determine human attitudes. With more than enough goods to go around, poverty is no longer a crime. Physical illness, mental incapacity, or sheer cussedness no longer dooms a man to starvation or pauperism; our sick, our handicapped, and our

mentally disordered citizens can be fed and housed out of our surplus, and so they are.

In this respect, we should be aware that the mental health needs of the future are likely to be quite different from those we face today. Progress in our fight against disease on a variety of fronts results in changes in what we consider to be critical health areas. So far, we have paid relatively little attention to the training of manpower, or to research in alcoholism, in mental deficiency, and in gerontology.

Our country's population is growing more rapidly than is the output of our professional schools. With an increase of some 3,000,000 people a year, the demand for professional services of all kinds is outstripping available professional personnel. This is not a temporary situation. Population growth is directly related to the number of women of child-bearing age (eighteen to thirty-four for 85 percent of babies born). This means that we can make fairly accurate predictions about future growth, at least over the next twenty years. At present there are nearly 20,000,000 young women in our population between the ages of eighteen and thirty-four. Ten years from now there will be an additional 3,000,000 young women in this age range, and twenty years from now there will be 12,000,000 more of these young women. This means that society's demands for all professional services including those in mental health, will continue to expand.

At least two resulting characteristics of our population also affect specific mental health manpower problems. With the relatively high birth rate there is a sharp upturn in the demand for professional people in such specialties as child psychiatry, pediatrics, school psychology, school social work, child guidance, recreation, immunology, and so on. At the

same time, the lengthening life span is resulting in an increase in the number of older persons who require professional services.

In this context, it is important to emphasize a serious problem in the utilization of available personnel. Professional work with children and with the aged, as well as with people throughout the age range who suffer from chronic conditions is apparently not attractive. Professional workers in mental health, and in many other specialties, spend a disproportionate amount of their time with young and middle-aged adults. Professional people, being human, respond to the dominant values of our culture. There appears to be a relationship between the prestige of the worker and the prestige of his client. Since service to children and to elderly persons tends to be less prestigious than service to other groups, there is less status in working with these groups. This means that there is a more serious manpower shortage in these fields than in service to well-to-do middle-aged neurotics. We need to change this situation perhaps by increasing material rewards, but more likely by finding ways to influence the climate of opinion within our professions.

Another problem that affects the availability of mental health manpower is the tendency of professional people to gravitate toward, and remain in, urbanized areas. Professional services, in mental health as in many other fields, is not equally available to all our citizens. There is a relationship between urbanization and the availability of mental health personnel. A good example is the contrast between Connecticut and West Virginia. Both states have approximately the same land area and approximately the same population. But Connecticut has about eight and a half as many psychiatrists as West Virginia. While it is true that there

are twice as many patients in mental hospitals in Connecticut, I wonder if the remaining citizens need this disproportionate amount of psychiatric attention. It is not urbanization, of course, that is responsible for the concentration, but rather such factors as the availability of educational and training facilities, per capita income, and psychological sophistication.

We need to face the implications of the data concerning the urbanization of our professional health personnel. We either must find ways to encourage significant numbers of our professional people to move away from metropolitan centers if we are to offer equal service to the population living outside these areas, or we must devise methods for making the service in metropolitan areas available to people who live some distance from the centers. It may be that all the advantages of centralized health care in large research and treatment centers outweigh the disadvantages of the rural and small-town all-purpose practitioner or agency. If this is the case, then we must devise economical and equitable methods of bringing people to the centers so that the benefits of our knowledge are available to all our citizens.

The presence of a training center is important in recruiting and retaining personnel. Because the fields with which we are concerned require many years of preparation, students in these disciplines tend to establish themselves in the area in which they receive their training. There are four times as many psychiatric social workers in the states where there are social work schools with specialized training in psychiatric social work as there are in those states where no such facilities exist. Some 90 percent of the country's analysts are to be found in the dozen states in which are located psychoanalytic institutes; in the thirty-eight states without



training institutes, there are only some 10 percent of the country's psychoanalysts. There is one analyst for every 124,000 people in states with institutes; there is one analyst for every 1,262,000 people in those states without institutes.

When are we going to begin to catch up with demand? If we make a genuine effort we may be able to hold our own, but I see little prospect that we will be able to meet the nation's need. Our educational system is not prepared to make a massive effort, and so the situation is likely to get worse.

With less than 10 percent of new medical school graduates entering training in psychiatry, even a sizable increase in the output of our medical schools would have little effect on the number of psychiatrists trained. Our graduate programs in psychology and in social work have been through several lean years as a result of the sharp decline in the number of college graduates during the first half of the 1950s. This means that while enrollments now promise to increase gradually, shortages of instructors and supervisors are widespread.

While nursing is making rapid progress in terms of the number of people trained, only a small percentage of nurses enters psychiatric nursing. Consequently, the improvement in the number of nurses in proportion to the population does not affect the mental health field.

Shortages of clergymen in most denominations, of occupational therapists, and of other highly trained personnel also exist. In the manpower problems throughout our educational system, I believe, we find the immediate cause of shortages in the professions. A few facts will give an idea of the dimensions of our educational crisis.

In 1956 the Fund for the Advancement of Education re-

ported that in order to maintain the present ratio of teachers to students in the elementary and secondary schools we would need to attract into the teaching profession half of the total of college graduates each year for ten years. We are far from attaining that goal, so each year the shortage of qualified teachers is aggravated.

Our future supply of football coaches is assured. In 1959 we trained 11,000 physical education teachers. We trained more physical education teachers in 1959 than the combined total in biology, mathematics, physics, chemistry, and foreign languages. This means that our graduates arrive in college poorly prepared in those subjects they would need to pursue to enter medicine, psychiatry, psychology, and the basic research disciplines on which most of our applied professional fields must be based.

At a time when we are faced with rapidly rising enrollments, the loss of qualified faculty members from our colleges and universities and medical schools continues. It has been estimated that between 300,000 and 400,000 faculty members must be found over the next twelve years to take care of increased enrollments and to replace those who die or retire or leave the field. Currently, fewer than 4,000 recipients of doctorates enter academic teaching each year so that we are simply not going to have competent faculties to teach even those young people we do attract to higher education.

One other factor deserves mention. Only about one third of the brightest 20 percent of our young people now graduate from college. This means that we are losing two thirds of all the youngsters who are most able to profit from higher education and most likely to be attracted into the sciences and professions. With the prospective doubling of our col-

lege population over the next decade our higher educational institutions are going to be so overtaxed that little or nothing will be done to encourage those other bright young people with high ability, but with insufficient money or motivation to go on into higher education.

A complex civilization such as we live in, with high aspirations for the health and welfare of its citizens, must depend on highly trained and highly educated manpower. It is quite possible that the sense of urgency that is developing will result in an effort to train additional numbers of professional people in the next few years. But our population problem is not going to be solved by a single effort. We will continue to grow, and (barring a change in attitudes in our society) the institutions designed to keep up with this population growth in the production of professional people will not be equal to the apparently endless strain in prospect.

During periods of personnel shortage the requirements of professional training tend to be raised rather than lowered. This is a natural consequence of the concern over the use of poorly trained personnel. We need to be very careful in defining the standards of training in the mental health fields so as not to set nonfunctional requirements. We must remember that there is a direct relationship between the degree of manpower shortage in a field and the length of the requisite training period.

We need to remind ourselves constantly, as I have mentioned, that there is no necessary relationship between the prestige of an activity and its usefulness to society. In our search for functions within each of our disciplines we have had a tendency to shy away from anything which was somehow not definably unique.

What can we anticipate in the way of necessary organiza-

tion of our mental health agencies? Agencies are simply people working together in an organizational structure. The fact that apparently there will be even fewer professionally trained people available in the future than there are at present certainly has implications for our agencies.

What we need are techniques and methods which will enable us to reach far more people per professional worker. If we do not have such techniques then we had better look for them. The logic of the manpower situation in which we find ourselves makes any other solution highly unrealistic.

Effective utilization of mental health personnel in short supply is going to involve finding methods to supplement the time-consuming, face-to-face relationship between a single worker and a single patient. I do not know what these methods will be, but the number of people who need help and the number of people prepared to give help are now sadly out of proportion. Perhaps there should be more emphasis on group methods, on the use of less highly trained personnel who are in greater supply. Perhaps, too, we should look to epidemiology for guidance. Just as typhoid fever was never brought under control by treating individual cases of the disease but rather by discovering and taking steps to remove the source of the disease, so we may find that our time will be spent much more effectively in prevention, in research, or in other public health approaches to our mental health problems.

In the long run, our only hope is for research breakthroughs into the causes and prevention of mental disorder. We are on an endless treadmill unless we find ways to reduce the number of people who require mental health services by preventing these disorders. It may be that our only

hope is to concentrate our energies on training research personnel even if this means that we will prepare even fewer practitioners, thus bringing about temporarily an even graver manpower shortage.

## LEISURE, CITIZENSHIP, AND MENTAL HEALTH

by Homer C. Bishop

WHILE IT MAY BE TRUE that everyone knows, or thinks he knows, what leisure, citizenship, and mental health are, the literature reveals very little useful consensus. Any productive approach to tying the three elements together would have to start with careful definition or delimitation. The fact that I could not lay my hands quickly upon rich and useful meanings of the three terms about which there exists a high degree of consensus within the social work community led me to the primary, or underlying, concern of this discussion. It was borne in on me that social work is, as someone has pointed out, a soft profession. We cannot predict with any great certainty what we will achieve in the way of change of behavior or conditions. We do not even have a language suitable to identify easily the recipients or targets of our efforts. (Witness the attempts to make the word "client" include groups and communities.) We are inclined to take credit for working at the task, paying scant attention to either the quantity or quality of the results. And then when backed into a corner, we skillfully defend ourselves with that old *sine qua non*, "Look how much worse it would have been if we hadn't . . ."

Unfortunately, the conditions we are dealing with are

tough and getting tougher. And, if it is possible, the stakes are higher. Social work must harden or toughen in the sense that it must rapidly increase its ability to distinguish between what it can do and what it cannot do, its ability to predict, and its ability to produce, if it is to obtain the resources needed to do the job. A hard profession cannot be built on slippery, evasive, befogging, corrupting definitions and conceptions. Honest differences in ends sought or the means of seeking must not be obliterated under smothering definitions, or desires to appear to be in agreement. Under the pressure of this kind of awareness, the ease with which I hoped to tie leisure, citizenship, and mental health into a neat bundle vanished.

Leisure has been identified as a problem, a condition, an activity, and, most often, as time. Margaret Mead speaks of it as play for the child, recreation for the adult, and retirement for the old.<sup>1</sup> Others write of it as time free from work or empty of obligation or at the disposal of the whole man as he seeks self-fulfillment. These are not just different words for the same thing. They are quite different meanings with different implications for those who would exploit leisure. In a work-oriented culture such as ours, leisure is usually seen in contrast to labor. Retirement, for example, is "opportunity to do all those things you've dreamed of—golf, fish, and laze around the beach." It assumes that you have spent most of your life doing what you did not want to do.<sup>2</sup>

The extent to which leisure is utilized for private consumption after completing one's labor is reported by *Life*

<sup>1</sup> Margaret Mead, "The Pattern of Leisure in Contemporary American Culture," in Eric Larrabee and Rolf Meyersohn, eds., *Mass Leisure* (Glencoe, Ill.: Free Press, 1958), p. 10.

<sup>2</sup> Howard Mumford Jones, *The Pursuit of Happiness* (Cambridge, Mass.: Harvard University Press, 1953), p. 151.

in a special issue entitled "The Good Life."<sup>3</sup> About \$40 billion (one half of the discretionary part of our income) is spent in one year for liquor, domestic and foreign travel, water sports, movies, bowling, hunting, and so forth. Our Federal Government spends \$26 billion annually for all its commitments except defense. Graham's study of leisure-time behavior in Butler County, Pennsylvania, lists the following activities in order of frequency indulged in over a three-month period: television, reading, gardening, repairing home equipment, sewing, fishing, sitting, hunting, radio, movies, golf, swimming, visiting, crocheting, and card playing.<sup>4</sup> These are essentially private need-filling activities. What is more important, they are considered the earned rewards for labor or risk-taking and they are items of private or individual consumption.

There are two observations about consumption that I want to make. These observations are relevant because, taken together, they jeopardize the kind of use of leisure which is implied in the intent, at least, of this discussion. The first has already been suggested but will be restated more directly. In our society we are ambivalent about work. The Protestant ethic of the eighteenth century asserted the supreme virtues of hard work. In spite of this, work has also been seen as something one escapes from at five o'clock or on Friday afternoon or at age sixty-five. Work can be avoided by a vast complex of machines, detergents, freon bombs, and wrinkle-proof fabrics. Part of the payment for enduring the drudgery that cannot be eliminated, alleviated, or prevented is made up of the freedom and the re-

<sup>3</sup>"The Good Life," *Life*, entire issue of December 28, 1959.

<sup>4</sup>Saxon Graham, "Social Correlates of Adult Leisure Time Behavior," in Marvin B. Sussman, ed., *Community Structure and Analysis* (New York, Thomas Y. Crowell Co., 1959), p. 359.



sources to consume time and goods according to one's own needs for self-aggrandizement, recreation, peace of mind, or any other personal need which seems to press in on one. This centrality of consumption is further confirmed in the dynamics of our economic life.

In a very general way we are committed to a course of action which is based on the assumption that the solution to various ills lies in an economy which increases its annual output per capita at or above a given rate. In such a state human problems (poverty, illness, and so on) will gradually disappear and happiness (virtually unlimited consumption) will be assured. Galbraith has pointed out that it has been necessary to "induce needs" through advertising and promotional activities in order to maintain an expanding market for the constantly growing output.<sup>5</sup> By observation, we know that these "induced needs" lie primarily in the area of private consumption. The pressure, then, will continue to be in the direction of consuming more so that we can produce more so that we can maintain the rate of economic growth deemed necessary for our very existence. Anyone who plans to use leisure time to enhance the social state must reckon with the culture, in which leisure is to be utilized to enhance the personal state and the economy which requires ever increasing personal consumption. Leisure is not a void, waiting to be filled with "useful" activities. It is already "usefully employed," by quite widely accepted definitions.

The second component of our subject is citizenship. This has been construed to mean membership and/or participation in a wide variety of associations. Arthur Miller, of the Law School at Emory University, has pointed out the high

<sup>5</sup> John K. Galbraith, *The Affluent Society* (Boston: Houghton Mifflin Co., 1958).

significance of voluntary associations (for which he uses the term "groups") for the governing functions of our society. He states: "For society as a whole, the groups perform urgent business as agencies of social control. Operating in reality as arms of the State, they may validly be viewed as recipients of delegated power from the State."<sup>6</sup> Sociologists tell us that the great proliferation of voluntary associations is unique to American society.<sup>7</sup> In our social structure, kinship and occupational roles are separated from each other and from most other interests. Associations exist for the organized accomplishment of these segregated interests. Participation in voluntary associations, then, is seen as possibly the principal or primary way in which people are involved on behalf of themselves in their own government.

We can get quite sentimental about self-government. Let me quote from a publication by an agency in the welfare field:

It is basic to American traditions that every citizen should participate actively in his own government, particularly in local communities. We do not like to have a powerful few in government or any other part of the social structure make decisions affecting the well-being of many without insuring that the many have a voice in those decisions.<sup>8</sup>

And again: "Democratic action is a dynamic concept of participation and involvement—action by people on behalf of themselves and for the good of their community."<sup>9</sup> Or later: "Citizen participation, then, incorporates the compo-

<sup>6</sup> Arthur S. Miller, *Private Governments and the Constitution* (New York: the Fund for the Republic, Inc., 1959), p. 6.

<sup>7</sup> Bernard Barber, "Participation and Mass Apathy in Associations," in Alvin W. Gouldner, ed., *Studies in Leadership* (New York: Harper and Brothers, 1950), pp. 478-79.

<sup>8</sup> National Federation of Settlements and Neighborhood Centers, *Dynamics of Citizen Participation* (New York: the Federation, 1957), p. 3.

<sup>9</sup> *Ibid.*, p. 4.

nents of democratic action. It implies group deliberation, fact-finding, compromise, decision-making and action. Self-determination of goals is a basic ingredient, and participation is a key word."<sup>10</sup> It is hard to question these as statements of ideals, that is, as descriptions of what we would like. They should not be allowed to obscure what is or interfere with speculations about what can be. Bernard Barber, a sociologist, makes a flat statement which he bases on careful study of empirical data that:

1. There is an almost countless number of associations in this country;
2. There is a large number of people who have no memberships in any associations at all;
3. There exists, in any given association, an active minority and an inactive majority among the members.<sup>11</sup>

The first of these statements is generally accepted. The second, however, may give us pause. We are told that we are a nation of joiners. What are the facts? Several students at the George Warren Brown School of Social Work studied the group participation characteristics of the residents of a public housing project in St. Louis.<sup>12</sup> They found that 57 percent had no contacts with any association whatsoever, including churches. Another 25 percent participated in one association; 11 percent, in two; and 7 percent had contacts with more than two associations. Of all the contacts reported, 30 percent were with churches. Saxon Graham, in his study of Butler County, Pennsylvania, with a somewhat better cross section of the population, found almost the same amount of participation in voluntary associations ex-

<sup>10</sup> *Ibid.*

<sup>11</sup> Barber, *op. cit.*, p. 481.

<sup>12</sup> Jerald R. Alpert *et al.*, "Group Participation among Adult Residents of a Public Housing Project" (unpublished thesis, George Warren Brown School of Social Work, St. Louis, 1960), p. 15.

cluding churches.<sup>13</sup> A considerable number of studies in many parts of the nation support the conclusion that approximately one half of all adults hold membership in no voluntary association, if we do not include church memberships. As a further note on participation, Graham reported that approximately 70 percent of the adults questioned had attended no meetings of voluntary associations in the three months prior to the study.

The third of Barber's statements reporting the presence of inactive majorities in any given association is dealt with at great length in his "Participation and Mass Apathy in Associations."<sup>14</sup> He suggests that the extent of voluntary participation in New England town meetings in years gone by has been greatly overstated. Practically every kind of association, including the Consumer Cooperative Movement and the People's Organizations described by Alinsky, report that the business of the association is carried on by very small minorities.<sup>15</sup> This used to be a constant complaint in the American Association of Group Workers and the American Association of Social Workers. Now it is heard regularly from the National Association of Social Workers, some of whose members labor diligently to devise some means short of door prizes to increase participation.

Is this lack of participation a form of social pathology or is it really a norm? Earlier I referred to the observation that family and job obligations are segregated from each other and from other interests<sup>16</sup> in our social structure. These

<sup>13</sup> Graham, *op. cit.*, p. 341.

<sup>14</sup> Barber, *op. cit.*, pp. 477-504.

<sup>15</sup> *Ibid.*, p. 485; quoted from James P. Warbossa, *Cooperative Democracy* (New York: Harper and Brothers, 1923), p. 21, and Saul D. Alinsky, *Reveille for Radicals* (Chicago: University of Chicago Press, 1946), p. 198.

<sup>16</sup> Barber, *op. cit.*, pp. 478-79.

family and job obligations are also defined as being more important than the other segregated interests. As loudly as we may bewail the limited amount of participation in associations, it is as a whisper compared with our outcries against those who neglect their families for club, pub, or politics or those who jeopardize their employment for other activities.

There are more cogent explanations for this state of affairs in Barber's article. Most of them have to do with the structure of our associations, the distribution of power necessary to assure continuity and effectiveness, and the tendency of those individuals and groups who assume major responsibility within associations to devise ways to insure the continuation of their interests and responsibilities. We recognize these factors in a multiplicity of procedures and mechanisms designed to protect democratic authority—and, as quickly, we recognize that we have developed a great facility for honoring their spirit, at least, in the breach more often than in the practice.

Attention should be called to one other problem bearing on self-government and egalitarian participation in associations. It seems to me that I have heard and read with increasing frequency expressions of concern about the principle that one citizen's opinion is as good as another's. In terms of our previously described ideal this is undoubtedly so. In terms of effectively solving many of the problems facing an association (or government) there is considerable question as to its validity or usefulness. We are struggling to develop mechanisms and procedures in our Federal Government to handle disagreements in which technical competence in such narrow fields as communication, transportation, and pharmaceuticals is at least as necessary as legal knowledge and judicial skill. We witness the manifest ab-

surdity of the widely distributed advice: "It doesn't matter how, but vote!" Of course it matters how one votes, but we have not as yet developed any strategy for utilizing this recognized fact. In short, we do not know very much about making participation effective. If effectiveness and gratification are linked in any way, and these two in turn to participation, we may have one clue to the low level of participation. We do know that the people in several of the underdeveloped countries of the world are rapidly becoming disenchanted with the American form of political democracy because it falls short of solving the problems which beset them. Citizen participation must be based on more than a commitment to service of an ideal. It must pay off.

To sum up, citizenship in our society, whether expressed in governmental or voluntary associations, poses serious problems for those who would promote it as an aid to mental good health. The gap between our ideal and the facts may be so frustrating and anxiety-producing as to outweigh any other result of participating. The inability of many of our associations to demonstrate their efficiency, therefore their effectiveness, may detract seriously from their attractiveness. It may be that the product we have to sell is not very salable.

Ten years ago it was possible for Marie Jahoda to write as follows:

Perhaps the greatest handicap for a systematic study of the social conditions conducive to mental health is the very elusiveness of this concept. As far as we could discover, there exists no psychologically meaningful and, from the point of view of research, operationally useful description of what is commonly understood to constitute mental health.<sup>17</sup>

<sup>17</sup> Marie Jahoda, "Toward a Social Psychology of Mental Health," in Milton J. E. Senn, M.D., ed., *Symposium on the Healthy Personality, Supplement II* (New York: Josiah Macy, Jr., Foundation, 1950), p. 213.

My quick review of several recent volumes on mental health suggests that things have not changed much. Some writers assume, apparently, that everyone knows what mental health is, and then they proceed to use the term in several ways. Such tolerance may be an advantage when one is attempting to qualify for a Federal grant, but it is not much help in establishing social work practice goals, designing programs, or assessing results. Jahoda went on in the article just quoted to list five criteria which might be used in judging the degree of mental health.

The first of these, the absence of mental disease, is in common use and has great appeal because of its apparent simplicity. Erik Erikson has suggested, however, that to be "not sick" is not necessarily to be healthy.<sup>18</sup> The simplicity is even less apparent when he points out that health has two components: "a subjective sense of being healthy" and "the objective evidence of health." It disappears completely when Opler and Murphy demonstrate that both health and disease are value judgments and as such are as much dependent on the attitudes of the community as on the behavior of the individual.<sup>19</sup>

Jahoda's second criterion, normality of behavior, is widely used but is less helpful than the first. Usually it is a synonym for mental good health and equally in need of firm definition.

Her third criterion is adjustment to environment. That passive acceptance of social conditions is unacceptable social behavior is well attested by Whyte, Fromm, and Riesman,

<sup>18</sup> Erik H. Erikson, "Growth and Crises of the Healthy Personality," in Senn, *op. cit.*, p. 92.

<sup>19</sup> H. B. M. Murphy, "Culture and Mental Disease in Singapore," in Marvin K. Opler, ed., *Culture and Mental Health* (New York: Macmillan, 1959), p. 291.

among others. That it counterindicates mental good health is another matter. Others, including Erikson, have interpreted adjustment to mean a more dynamic and active relationship to the environment and talk of mastery of environment. Obviously, this requires an environment in which some degree of modification is possible. This concept leaves unanswered the question as to the nature of mental good health in oppressive situations where no modification is possible.

The fourth criterion is unity of personality. Mental good health is a condition in which the constituent parts of personality are relatively free from conflict and the person acts according to consistent inner regulation. This is essentially Josselyn's position, although she recognizes the social world which imposes certain conditions to be met.<sup>20</sup> Harry S. Sullivan equates mental health inversely with the amount of tendencies that are dissociated from awareness because of disapproval of significant others.<sup>21</sup> Without careful reference to the social environment this criterion becomes quite academic. Jahoda's fifth and final criterion is correct perception of reality. While no one would seriously question the relevance of correct perception (including self-perception) to mental health, this criterion merely shifts the problem of definition to the word "correct."

What is apparent in all these criteria and definitions is that we have been attempting to define mental health in terms of the presence or absence of certain behavioral characteristics or in terms of inferences about an individual's

<sup>20</sup> Irene M. Josselyn, *Psychosocial Development of Children* (New York: Family Service Association of America, 1948).

<sup>21</sup> Harry S. Sullivan, *Conceptions of Modern Psychiatry* (Washington, D.C.: William Alanson White Psychiatric Foundation, 1940 and 1945), p. 22.



personality structure which could be arrived at through observed behavior. In every case the concern has been primarily with what is inside the bag of skin. At best, what was outside the bag has been treated as if it were immutable. It has become increasingly clear that the nature of the meaningful social environment of a person must in some way be included in the assessment and modification of his mental health. This is not a new idea. A review of some of Louis Wirth's papers shows that it was a subject for discussion in the twenties and thirties.<sup>22</sup> He raises questions about the relation between roles in group life and conflicting conceptions of self, between personal disorganization and culture conflicts, and between compatibility of roles in the social world and the quality of interpersonal relations. He calls attention to the likely impact on the personal adjustment of individuals of such developments as the substitution of secondary for primary contacts in urban life, the shift of many interests from the kinship group to voluntary associations, and the creation of communities of segmented relationships. In spite of Louis Wirth and many others, we have for the past thirty years concentrated on the persons who for one or more perfectly valid reasons were judged to be in mental poor health. We have largely overlooked the environment part of the equation for mental health.

Within the past ten years St. Louis has erected several large housing projects which ignore more of what we know about conditions conducive to mental good health than I can list. Just recently they completed a large health center adjacent to the projects with exceptional facilities for deal-

<sup>22</sup> Louis Wirth, *Community Life and Social Policy* (Chicago: University of Chicago Press, 1956), pp. 21-34, 110-32, 368-91.

ing with mental ill health. I am not critical of the building of the center, but of the failure to be equally concerned with mental health when they were building the housing projects.

Our concept of mental good health, then, cannot be established independently of the effective social environment, that is, the part of the culture to which a given person responds. For a large part of our society, this culture places a higher premium on private consumption for personal enhancement than on public consumption for the general welfare. It elevates family and job obligations above citizenship obligations. And it accepts a level of self-government considerably below the widely acclaimed model.

If we would use leisure to educate for citizen participation on the assumption that such participation is fundamental to mental good health, then there are three basic tasks which must be confronted:

1. We must develop a strategy that will reshape the average American's beliefs about how he uses the time not required to meet family and job obligations. This involves far more than "developing a national purpose," which has been advanced as the solution to our major ills. It will require searching and critical study to determine whether we must remain committed to an economic orientation in which production of goods and private consumption are the mainstays. It will call for disciplined attention to the means by which we achieve effective social controls as the demands of job and family serve this function less and less. It will test whether or not we can direct the shift of attitudes and beliefs in matters that really make a difference for the general welfare.

2. We must develop a strategy for elevating citizenship obligations to a position of equality with those of family and job. This means disturbing fundamental beliefs and ways of behaving which were laid down in a time when family and job interests were almost completely integrated and, in turn, determined the involvement of persons in other interests. We have, in segregating these other interests (in voluntary associations and governments), reduced them to second-class status without regard to their importance to the general welfare (or to private welfare, for that matter).

3. We must develop a strategy for democratic self-government that will do what we claim it will do. We have relied upon a conviction that such government is the most efficient. The evidence is all around us that, as ideally conceived, it is no more efficient than some other forms and may be less so. Certainly the modal practice in most of our voluntary associations cannot be considered proof of the validity of the assumption. I am expressing no lack of confidence in the ideal here, but suggesting that we have failed to bridge the gap between our democratic, self-government means and our aspirations or ends. How do we get near enough to where we want to go if we use these means to make the effort worth while? Or can we get enough gratification from the mere use of a given means to forego the fruits it promises? This latter question may be academic if there is validity in Erikson's premise that the individual needs to feel that his own way of mastering experience is a successful part of a group's way of organizing and mastering experience.<sup>23</sup> It is difficult to see how we can develop deeper

<sup>23</sup> Erik H. Erikson, "Ego Development and Historical Change," in *The Psychoanalytic Study of the Child* (New York: International Universities Press, 1947), II, 360-63.

and more productive identification with groups, whether kinship or voluntary, if they fall short of doing that which is expected of them.

This is a king-sized order. I would like to be able to present tentative strategies, but I cannot do so. If we agree that they are needed, we must work them out together. (This also calls for a strategy.) Instead, let me identify some of the problems to be considered in developing such strategies.

The first problem consists of the multitude of social and legal restrictions or obstructions to citizen participation. Racial segregation in all its aspects is but one example. The paralyzing economic segregation such as exists in southeast Missouri is another. Migrant labor families may find themselves insulated from the broader community on racial or national, economic, and residence grounds. Political activity may be limited by virtue of closed political organizations or, more likely, by the impact of the popular misconceptions about both the cleanliness and the importance of politics. A final obstruction is suggested in Floyd Hunter's description of the power structure in communities and its role in communal decision-making.

Another problem lies in the power of the "common wisdom" or the traditional ways of doing things. These are so much a part of each of us that to raise questions about them (in the wrong places, at least) is the equivalent of denying love of mother, loyalty to country, and abhorrence of sin. They are very often keystones in our way of organizing and mastering experiences, and the extent of our identification with them is the inverse measure of the distance between us and those centers where major decisions are made. The disturbing fact about these normally very useful elements in our culture is that they remain powerful long

after they have lost their original usefulness. As such they block communication, interfere with problem-solving, generate false fears, and dissipate the energies that might otherwise be directed against real threats.

The third and last problem lies in the fact that, in the realm of civic and political activities, people tend to associate to defend a position rather than to solve a problem or alleviate a condition. And so we get the Better Schools Committee in head-on controversy with the Lower Taxes Association; or those who want a new highway locking horns with those whose purpose is to preserve private property rights; or the states' righters versus the integrationists; or those who want health care for the aged in clash with those organized to defend the rights of medical entrepreneurs. We can argue that it is out of such contests that we make progress. I submit that this contention needs closer scrutiny. One need only to review the long and dreary history of the battles between people in Montana and a leviathan of the copper industry to develop a healthy doubt that such a problem-solving orientation—the pitting of the “fors” and the “aginers”—holds much hope.

At the outset I pointed out that my concern had become centered on our failure in social work to produce firm consensus in the areas where we claim a primary responsibility. Obviously, I cannot create consensus. But if we are to make any purposeful (in our terms) use of leisure; if we are to increase the amount and quality of citizen participation; and if we are to contribute significantly to the mental good health of our citizens, I believe we must do together what I have tried to do here. In our own field, we have failed to elevate knowledge to equal status with value and method. We have relied far too heavily on unconfirmed assumptions,

untested common wisdom, and compartmentalized thinking. This need not be. We have the skill and the dedication to do the testing and the confirming. I am hopeful that 1970 will see us well into this task.

## YOUTH GROUPS IN CONFLICT

*by Mary E. Blake*

THE DECADE JUST PASSED—the 1950s—may be symbolized in welfare history by the youthful workers who were deployed to street corners to reach and service groups of young people whose hostile behavior and stubborn resistance to traditional programs persistently perplexed and frustrated the community. Confused and perplexing as this venture has been, it marked an exciting and creative phase in welfare planning and direct services to youth groups. It meant more than just an extension of services outside agency walls. Indeed, everyone concerned with youth groups in conflict was forced into a careful review of service philosophies, agency practices, and community planning. Voluntary social services had to be brought together with official public services in ways that led to improved and more productive working relationships.

Is the period of experimentation over? Has enough experience been accumulated so that an appraisal can be made?

The National Association of Social Workers (NASW) has had a subcommittee of its Group Work Section studying the professional and practice aspects of these services, the United Community Funds and Councils of America maintains a library of materials to circulate among interested local planning councils, and the Federal Government has a consultant in the Division of Juvenile Delinquency Service

in the Children's Bureau who has devoted almost full time to gathering information and giving consultation on this subject for the past four and one half years. In addition, the NASW, the National Social Welfare Assembly, and United Community Funds and Councils of America cooperated with the Children's Bureau in sponsoring a national conference on Youth Groups in Conflict, in May, 1957. The published report of this meeting has been widely circulated.

Perhaps one reason for this lack of uniformity is that these national voluntary agencies have neither the responsibility nor the authority to recommend specific plans, collect statistical information, or develop standards of practice. Another reason may be that each community considers that its problems are unique and therefore approaches the subject in its own way. This makes sense but it is not particularly helpful for securing the kind of information required for this paper.

What I have to report has been drawn from materials collected in a file cabinet that was completely empty on November 1, 1955. Now it bulges with reports, correspondence, and records of field visits to every city where I knew that projects of this type existed or were being considered. Rich as these files are, they may not be completely up to date, so please forgive me if I seem to have misinterpreted some of the information.

Let me give you a quick overview of a few of the most obvious points of similarity and agreement in these programs for hostile youth groups.

1. At least eighteen cities in twelve states and the District of Columbia have had or still have special programs of this sort. In most cases, these programs involve many individual agencies, but in only three or four instances is there any real



centralized coordination. For the most part, these cities are located in the northern tier of states with a heavy concentration of projects in metropolitan centers on both coasts and in large Midwestern cities. Population figures for these cities range from about a quarter of a million to several million, with major projects involving more than one agency found in the largest metropolitan centers.

2. With the exceptions of the New York City Youth Board, the project of the Washington, D.C. Recreation Department, and the Los Angeles County Probation Department's Group Guidance Program, the programs are sponsored by voluntary agencies or by local welfare councils with operating funds derived from voluntary gifts and foundation grants.

3. Although reliable, uniform, statistical and fiscal data are not available, we know that millions of dollars have been spent to support these programs and that they have served thousands of young people. For instance, Chicago spent upward of \$432,000 in three years to serve 5,277 youth in 269 groups. Cleveland spent about \$120,000 on 1,030 youth in 55 groups during the same length of time. Figures from the New York City Youth Board indicate that about \$793,764 has been budgeted for 1960 by the Council of Social and Athletic Clubs.<sup>1</sup>

4. Although the behavior of the young people who receive these services may not always be classified as delinquent, it is so aggressive and destructive that it arouses community concern. Highly structured groups and organ-

<sup>1</sup> *Juvenile Delinquency Hearings before the Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary—United States Senate—Eighty-sixth Congress—S. Res. 54: Part 4, "Antisocial Juvenile Gangs in New York City—September 23 and 24, 1959"* (Washington, D.C.: United States Government Printing Office, 1960), p. 432.

ized tactical gang warfare are not so prevalent as early estimates indicated.

5. In the main, this is a service rendered to teenage boys although a few projects serve girls and younger boys. These adolescents appear to have emotional and social adjustment problems of considerable intensity. It is also clear that serving them effectively requires a good deal more than the usual mental health approach of treatment through individual counseling and therapy.<sup>2</sup>

6. "Serving youth groups in conflict" is an umbrella-like term that covers many kinds of administrative patterns and service philosophies. A clear understanding of the term requires knowledge of the types of groups that receive service and the depth and severity of their delinquent acts. The services required may differ from city to city, depending on the structure and nature of these gangs.

7. Whatever he is called—street club leader, roving worker, area youth worker—the staff member deployed to the street corner performs a social work service that requires much competence. In fact, the worker is the service. Despite his youthfulness, he carries tremendous professional responsibility because he operates in a complex situation that demands maturity, an ability to act independently yet responsibly. He must also have sound judgment and a high degree of patience and flexibility. Yet relatively few of these workers have had full professional social work training. Most of them are supervised by fully trained and experienced social workers.

8. Even the best trained workers need frequent and in-

<sup>2</sup> David J. Bordua, *Sociological Theories and Their Implications for Juvenile Delinquency, Facts and Facets #2*, Children's Bureau, U.S. Department of Health, Education, and Welfare (Washington, D.C.: U.S. Government Printing Office, 1960).

tensive supervision in order to function effectively. They also need an agency structure that supports their efforts vertically and horizontally. By this I mean thorough support by everyone connected with the agency, both administration and staff. In addition, the community must recognize and understand the service and its meaning.

9. Wherever a demonstration project of considerable scope and duration exists, especially in the largest cities, agencies are convinced that this kind of service will be needed indefinitely. Consequently, a new series of operational designs and plans for improved coordination is emerging.

10. Provision of this kind of service plunges the sponsoring agency into the midst of other efforts to control and treat juvenile delinquency. The sponsoring organization must be committed to a sound philosophy of delinquency reduction. Coupled with this commitment there must be a willingness to develop knowledge and skills that will make the agency an effective partner with other organizations that are dedicated to this task. The wish and the ability to work cooperatively with official agencies such as the courts, the police, and institutions serving delinquents are primary necessities.

11. Work with street clubs and youth gangs uncovers much more than the tragic plight of the individual gang members and their group adjustment problems. In starkly dramatic form, it brings out all the deficiencies in present-day society and highlights the inability of our society to provide remedial and preventive services in sufficient supply where the need is greatest. Commitment to this relatively new type of service requires willingness to study present agency philosophies and operational designs with the ob-

jective of locating inconsistencies and anachronisms and removing them when possible.

12. Finally, carrying out this function demands cooperative effort of a kind that many agencies have rarely exerted in recent years. Serving these groups is only one small part of the attack on delinquency. It requires the best experience, skills, and services that can be mobilized by the organizations devoted to human welfare. Obviously, such an effort may entail a reduction in agency autonomy and adaptation in policy formulations that are often quite painful, though essential.

Why should established social agencies disrupt the relative calm of their traditional programs and expose themselves to the turbulence of involvement with delinquent, acting-out youth in times like these when operating funds are scarce and good staff even scarcer? Concrete answers to this question are not in the literature, but reading between the lines of reports and talking to agency personnel indicate that scare headlines on delinquency rates and general concern for all adolescents catapulted agencies into investigating what was going on and trying to do something about it. The impetus of these investigations led them into experimentation with new uses of accepted techniques in a different milieu. No doubt many people were motivated by the same ideals Jane Addams expressed long ago when she said:

We may either smother the divine fire of youth or we may feed it. We may either stand stupidly staring as it sinks into a murky fire of crime and flares into the intermittent blaze of folly or we may tend it into a lambent flame with power to make clean and bright our dingy city streets.<sup>3</sup>

<sup>3</sup> Jane Addams, *The Spirit of Youth and the City Streets* (New York: Macmillan, 1912), pp. 161-62.

At any rate, the motivations of those who pioneered in these programs were laudable. But what did they want to achieve by these reaching-out services? This is where the picture becomes a little fuzzy.

At the 1957 Conference on Youth Groups in Conflict it was necessary to speak of what the service was *not* before defining what it was. At this conference, David Austin said that the service was *not* designed to recruit new members for a membership program and *not* to gain information to aid law enforcement personnel but that it was:

A nonmembership, community-located professional service provided through a single worker who works in an environmental situation over which he has limited control and who extends service to a group without a prior request from them for service.<sup>4</sup>

Using Austin's definition as a springboard, the conference participants went on to describe some of the major long-range objectives which they saw as twofold: helping young people to develop trust in adults and the major culture; and helping them to understand the consequences of their antisocial acts and to foster a desire within them to become a contributing part of society. Shorter range goals were seen as reduction of the severity and frequency of offenses, redirection of behavior into more socialized channels, development of relationships with persons and institutions that would support the principle that individuals have an inherent, healthy desire for status and prestige in society, and assistance to these particular youth in making use of available community resources.<sup>5</sup>

<sup>4</sup> David M. Austin, "Goals for Gang Workers," *Social Work*, II. No. 4 (1957), 45.

<sup>5</sup> Mary E. Blake, *Youth Groups in Conflict; a Report of a Conference*; Children's Bureau Publication No. 365, U.S. Department of Health, Education, and Welfare (Washington, D.C.: U.S. Government Printing Office, 1958).

The past three years appear to have brought no significant changes in these objectives, but some interesting new wrinkles have been added. Reference to them is frequent enough to indicate that some additional operating principles are emerging from current experience. The two noted most frequently are:

1. Less is being said about locating such youth groups and how the worker establishes a relationship with the members. More is being said about the worker as an active helper, a purveyor of the agency's services, and a catalyst bringing community services within the reach of those who need them most. One senses a movement from "reaching the hard-to-reach" to "serving the hard-to-serve."

2. The services required by these youth run the gamut of human distress from financial relief to their families, through medical care and psychiatric treatment, on to vocational preparation, employment counseling, and job finding. All of these are plusses added to the need for a positive relationship with a helpful adult and assistance in understanding themselves and others. No single worker or project or agency can provide all of them. So adaptations and improvements in community planning and interagency co-operation begin to appear as further objectives.

Administrative patterns for provision of these services vary from city to city and even within a given community. Four rough categories of designs can be drawn from the variety now known. They are: (1) the massive attack; (2) the clinical service; (3) the splinter service; and (4) the co-ordinated approach.

1. The massive attack is exemplified by the New York City Youth Board in which the program called the Council of Social and Athletic Clubs is one aspect of service in an agency committed to attacking juvenile delinquency on

many fronts: education and interpretation to the public; investigation and research into causes and effectiveness of services; direct services; and coordination of every means that may help to reduce the volume and intensity of delinquent behavior.

As an official governmental agency of the city of New York the Youth Board can draw upon all available public services in addition to those it provides. By motivating and encouraging voluntary social agencies, it can also draw upon their resources. This has been, perhaps, the most "studied" operation in the country, but nothing just like it exists elsewhere. Although it has produced singular results, even its strongest proponents acknowledge that it has limitations for general application in communities where the nature of the local problems differ. One of its most salient strengths is the accessibility of adjunctive services for youth that are reached through the Council of Social and Athletic Clubs. Unfortunately, however, there is the tendency for the community to feel that since the Youth Board exists, other agencies and citizens do not need to assume much responsibility.

2. The clinical service is represented by a single agency whose main focus is on the provision of services to hostile, aggressive youth in a group setting. Few such programs exist, but those that do have a setup in which individuals or clusters of disturbed, delinquent youth are referred by schools, police, courts, and other community agencies, for intensive service. Individual therapy and group therapy are provided in an informal, rather permissive environment. Often psychological testing is used to assist in diagnosing the problems of individuals, and psychiatric services are made easily accessible through the agency itself or by refer-

ral to psychiatrists in private practice or those in local clinics. Staff members are fully trained social workers.

This intensive, clinical approach has been broadened in a few instances to extend service to families of group members. Frequently, it appears that this type of approach eventually must modify the clinical orientation of its services because of impinging cultural and social factors that affect the treatability and adjustment of individual youth.

3. The splinter service is an approach characterized by a single agency that provides services to hostile, aggressive youth outside agency walls. Extending service to street clubs and fighting gangs is one of many program services to a membership with a range of needs and problems. In this operational design, detached workers, area workers, or roving leaders are deployed to the streets. They use the agency as a home base for office work, staff meetings, and supervision. This work is seen as a special agency service that fits into the range of agency services just as the day care program does. The executive director coordinates all services and attempts to integrate them into a comprehensive, consistent whole.

Advantages of this approach seem to lie in what the special services contribute to general agency philosophy and practice and in the support and added resources that are available to the worker and his groups through the agency's facilities and its working relationships with other helping services in the community.

4. The coordinated approach has elements of the first three added to distinctive ingredients that are its own. Here clusters of agencies that serve youth groups in conflict as one aspect of their regular programs are loosely banded together under central coordination for this special service.



Usually, the coordinating body is the local welfare planning council, which assigns a staff member to provide leadership and direction to the involved agencies. The coordinator meets regularly with the youth workers who give direct service to street clubs and with their supervisors and agency executives also. He conducts staff meetings, reads records, and writes reports. The coordinator is the catalyst for developing communication channels between the involved agencies and other related community services, especially those provided by official agencies such as the courts, the police, and institutions serving delinquent children.

In two cities where the demonstration projects have ended, the welfare planning councils have created a new position, that of youth services consultant, for continued coordination of services to street clubs and youth gangs.

Regardless of the operational design, staff members who give direct services to these groups employ social work methods in their practice. Great skill in working with individuals in groups, in using group life to help group members, is joined with skill in individual counseling, referral to other helping disciplines, and coordination with other services. These methods are projected against a background of thorough knowledge of the social milieu and the cultural pressures affecting the clients and, of course, they have to be adapted and related to the objectives of the service and the immediate needs of the youth.

Until recently, little was published about what the worker actually does with his group after he has reached the members and established a relationship with them. Now we see that he is more than a "buddy" or a "good guy." He

investigates family, school, neighborhood, and employment problems. He intervenes directly in some or all of these situations while he supports and guides group members in handling their immediate problems. He interprets laws and the consequences of illegal behavior. He offers himself as a model of a mature, responsible adult. He consciously identifies himself with the adult society that created and supports the social institution that employs him.

Competence in performing these functions differs with the educational preparation of the workers and the philosophical orientations of the employing agency. With such a variety of workers providing these services in the national scene, there still is no scientific evaluation of their effectiveness in relation to what they bring to the job in terms of educational preparation and previous experience. The Hard-to-Reach Youth Project of Chicago attempted to analyze the levels of service provided by workers with different kinds of preparation. The workers' records revealed four levels of service.

The worker at Level 1 is an "Older Boy" who is a little older than his group members but almost one with them in other ways. His presence and example seem to deter illegal activity, although his ability to influence the group intellectually and through verbalization is very limited. Group activities begin at the level of the members' interests and tend to stay there. Crisis situations are referred to his agency for handling.

At Level 2 the worker is called "Big Brother." He has a little more experience and maturity than the worker at Level 1. This gives him more prestige and an aura of authority with his group. He is more active in pointing out

the consequences of illegal activity but he does this in a hard-bitten way that does not invite or even permit involvement of the group members in real understanding of themselves and their responsibilities. Big Brother is also better able to handle crises.

The worker at Level 3 is dubbed "Uncle Sam." He recognizes that he is a mature adult with adult responsibilities for helping these kids. His example deters illegal activity; more than that, he makes it clear that this is his role as an agency representative. He introduces new activities, sets his limits for behavior in a helping way, and actively intercedes in crisis situations.

At Level 4 is the social worker whose presence and example also deter illegal activities. He introduces himself as a social worker attached to a social agency that wants to help the group. He suggests activities that are consciously planned to meet the needs of individual members and of the group as a whole, implying that he has examined the group and its members carefully and determined a course of action in the light of what he has learned. Again, he intercedes in crisis situations, but his intercession is based not on identification with the group but on the basis of supporting the members in taking responsibility for their acts.

As Catharine Richards says:

All these levels of workers have usefulness to gangs. No one worker is the perfect combination for the gangs as we see them. If prevention is of interest to this community, one aspect of such a program should be a unified team for each gang. This can be effected through agency management or coordination among agencies. However, during the Project operation, agencies were so overburdened and understaffed that the only unified effort was around crises. . . . Suffice it to say at this point that, until there is provision for staff in some reasonable proportion to the

problem, there is little hope for anything except bridging the interval between school and work, and thereby minimizing the potential damage of the experience.<sup>6</sup>

Because many of these programs were conceived during crisis situations that seemed to require "crash programs" to meet emergencies, community planning sometimes floundered. Today there seems to be complete agreement that advance study and planning should precede the operating phase of a program since the service requires the support and cooperation of voluntary and public welfare agencies and many civic groups.

Careful interpretation of the objectives and methods should be given to law enforcement departments and other official agencies working with delinquents so that channels of communication and sound working relationships can be achieved at top echelon levels in all involved agencies and at the level of the street corner too.

No factual basis exists for saying that every community needs such a service. It is completely erroneous to feel that most group work agencies should assume such responsibility. But when investigation determines that the need for such a service exists, the community will probably have to plan to carry the service indefinitely. This is not a crash program designed to meet an emergency. It is a service set up to handle problems coming from the wellsprings of community life. The source of the problems may lie in a malfunctioning society. It may be in the quality and distribution of human welfare services. It may be in what Mrs. Muriel Lawrence, a writer of a syndicated column for NEA

<sup>6</sup> Catharine V. Richards, "Breaking through Barriers," unpublished report of the Hard-to-Reach Youth Project, Welfare Council of Metropolitan Chicago, 1959.

Services, Inc., "The Mature Parent," says: "The problem of juvenile delinquency is old thinking, old organization, and dead method."

From their perspectives, street club workers and their employing agencies have substantiated what Dr. Marjorie Rittwagen, psychiatrist for New York Children's Courts, says:

What I have seen, by the hundreds, are miserable youngsters. Miserable, weak, fearful, inadequate, drifting children—without roots, without beliefs, without interests, without ambition. "Empty" kids leading empty lives. It was that quality of emptiness, the nothingness to many of these children, that shocked me most. In a group, in class, in a gang—they might be noisy and aggressive, but alone they had the defeated, beaten air of the very old, the very discouraged, the very hopeless.<sup>7</sup>

Many boys living in gang-infested neighborhoods are anxiously preoccupied with just plain staying alive. Imagine passing through turbulent adolescence in constant real fear of maiming or death! <sup>8</sup>

As one reviewer of this book summarized the situation:

The children have to be reached one by one by the means most appropriate, but the outlook for cure and prevention is extremely good. The children can be reached, in fact they should be thought of as desperately and hopelessly waiting to be reached.<sup>9</sup>

<sup>7</sup> Marjorie Rittwagen, M.D., *Sins of Their Fathers* (Boston: Houghton Mifflin Co., 1958), p. 21.

<sup>8</sup> *Ibid.*, p. 61.

<sup>9</sup> Quoted from a review of Rittwagen, *Sins of Their Fathers* by John Dollard in the *New York Times*, reproduced by the Maryland Commission for the Prevention and Treatment of Juvenile Delinquency in a report dated April 25, 1958.

## *FAMILY PARTICIPATION IN PSYCHIATRIC TREATMENT OF CHILDREN*

*by Joseph J. Reidy, M.D.*

ONE OF THE RECENT "DISCOVERIES" in psychiatric research and treatment is that patients have families. In the state hospital, in the community clinic, and even in the office of the privately practicing psychiatrist more effort is being devoted to understanding the family of the patient and extending the treatment plan to include members of his family. Family treatment is first a point of view regarding psychiatric illness. Secondly, it is a technique, or a number of techniques. I shall first consider it as a way of looking at pathology and treatment.

John Bowlby writes that "the study of love relationships and their dysfunction is at the centre of the psychiatrist's study."<sup>1</sup> This is the point of view of a large number of present-day psychiatrists, and it is decidedly different from the notion prevalent some decades ago that the center of the psychiatrist's study is the function of the human brain. A love relationship must include other persons, must include

<sup>1</sup> John Bowlby, M.D., "Mother-Child Separation," in Kenneth Soddy, M.D., ed., *Mental Health and Infant Development* (New York: Basic Books, Inc., 1956), I, p. 117.

the family. "To love and to work" is Freud's summary of the task of man.

The importance of parents in the emotional development of the child was one of the earliest contributions of modern psychiatry. This knowledge was first gained through the retrospective method of the psychoanalytic treatment of adults. This was later supplemented by direct observation of infants and children in normal and stressful situations. Little was done, however, to apply this knowledge to treatment. The pathology, although it was related to and affected the patient's relations with other people, was considered the pathology of the individual. Treatment was directed toward the individual—psychoanalyzing him, re-educating him, removing him from stressful and pathological environments. All these methods are indeed good, and produced favorable results in many instances.

Treatment of the family of the patient began with the child guidance movement in the 1920s. It was important that the mother, and occasionally the father, be helped by the caseworker, but the psychiatrist restricted his efforts to the patient. Treatment was still largely individually focused. Psychoanalytical practice seemed to exercise a restraining influence on family treatment by the psychiatrist, and as late as 1955 Edward Glover stated that "analysts see members of the family most unwillingly."<sup>2</sup> An exception was Clarence Oberndorf, who as early as 1934 was conducting concurrent analysis of married couples.<sup>3</sup> In 1952 Bela Mittelman wrote on the simultaneous treatment of parents and child.<sup>4</sup> But despite the slow start the

<sup>2</sup> Edward Glover, M.D., *Technique of Psychoanalysis* (New York: International Universities Press, 1955).

<sup>3</sup> Clarence P. Oberndorf, M.D., "Psychoanalysis of Married Couples," *Psychoanalytic Review*, XXV (1938), 453-75.

<sup>4</sup> Bela Mittelman, M.D., "The Simultaneous Treatment of Both

contributions on family treatment by psychiatrists and psychoanalysts have been numerous in recent years.

In addition to reports on direct observation of children, on methods of treating children, and on methods of family treatment, there have been many studies by psychiatrists of the characteristics of parents of particular types of disturbed children. These studies have examined the families of autistic and schizophrenic patients, of delinquents, of patients suffering from psychophysiological disorders, and many other illnesses. Grotjahn writes: "Formerly a psychiatrist (or psychotherapist) could not afford to consider the family; now he cannot afford to neglect the family."<sup>5</sup> Bowlby has summarized the thinking of psychiatry regarding family relationships in these words:

It is a basic proposition of psychoanalysis that these family relationships—the child-parent relationship, the husband-wife relationship, and the parent-child relationship—have much in common; that the kind of child-parent relationship which a person experienced in his childhood is reflected in his later relationship to husband or wife and to children. In child guidance it is found not only that maladjusted children have parents who are making many mistakes with them, but that these mistakes arise from unconscious attitudes which stem from the parents' own childhood.<sup>6</sup>

The sociologists have findings which give a further answer to the question of why the concepts of family treatment have come to general awareness only in recent years. Until recently there were few changes in the structure of so-

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Parents and Their Child," in Gustav Bychowski, M.D., ed., *Specialized Techniques in Psychotherapy* (New York: Basic Books, 1952), pp. 103-18.

<sup>5</sup> Martin Grotjahn, M.D., "Analytic Family Therapy: a Survey of Trends in Research and Practice," in Jules H. Massermann, M.D., ed., *Individual and Familial Dynamics* (New York: Grune and Stratton, Inc., 1959), p. 94.

<sup>6</sup> Bowlby, *op. cit.*, p. 117.



ciety, or changes occurred so gradually that the family was able to adapt to them. There was little geographic or social mobility; society provided many supports to the family. The roles of husband, wife, and children had been long established and clearly defined; the sense of direction of the family and its integration into the culture were clear. There were stresses in relationships, emotional illnesses and hardships, but they were cushioned by a stable social order and the place of each family in a wider kinship group with close ties and shared interests. Today the relationship of the family to society has changed. We encounter with increasing frequency the isolated family unit, without the strong ties to the extended family group and often physically removed from it, without support of many moral and social codes of the past. Reuben Hill, in a paper prepared for the 1960 White House Conference on Children and Youth, has given an excellent summary of these trends in family living.<sup>7</sup> There are indeed greater opportunities for the modern family, and Dr. Hill points out that industrialization and urbanization are not necessarily destructive of family stability.

When the isolated conjugal unit experiences stresses it does not refer to traditional mores. When today's parents encounter difficulties in child rearing they cannot turn to their parents for help or advice because the concepts which guided their parents have been rejected, they often live far from these parents, or the parents may have become economic liabilities rather than sources of help and wisdom. If this isolated family is to remain intact and healthy it

<sup>7</sup> Reuben Hill, "The American Family Today," in Eli Ginzberg, ed., *The Nation's Children* (New York: Columbia University Press, 1960), pp. 76-107.

must be because of changes which take place within each member, and such changes must result from the determination of its members that the family survive. Perhaps this explains why there is now family treatment; it is needed now, as it was never needed before.

The hypothesis underlying family treatment is this: the emotional illness of a person, although it may be to some degree determined by hereditary and acquired constitutional factors, is also determined by the nature of the patient's love relationships. The type and degree of illness may depend upon the patient's capacity to experience these love relationships and the kind of relationships which are available to him. As we strive in all treatment both to decrease the patient's vulnerability to stress and to fashion a more healthy, less stressful environment, so we treat the family with these two objectives.

The younger the patient the less successful will be treatment directed only to him because his personality development is not yet completed, and he needs parents to help him master his impulse life, to be models for his character formation. The more a patient is limited by constitution or hurtful early life experiences the more he will need parents who are healthy.

There are many techniques of family psychotherapy, some for individual psychotherapy, others for psychotherapy in groups. These are fully described in the writings of Ackerman, Martin and Bird, Grotjahn, and others. There are also many descriptions of techniques of family casework in the traditional family service agency and in the agencies that employ techniques of "reaching-out" casework services. Here I wish to describe some techniques worked out in a hospital setting. The problems which resulted in these tech-

niques are problems found with families in other treatment settings, and although most of the families referred to the hospital are readily classifiable as multiproblem families, the ideas underlying these treatment methods are applicable to any family in trouble.

Families have not been welcome at most hospitals. This is changing, I realize. Families get in the way of orderly care of the patient, they often upset the patient, they take up the valuable time of nurses and doctors. I suppose administrations of prisons and schools for delinquents and homes for dependent children make the same complaints about families. So the institution sets aside certain times when families are allowed to enter the grounds and see the patient. It is necessary for us to be careful that contact with the family does not upset the patient, and this care extends to his letters and telephone calls.

The Esther Loring Richards Children's Center is a small state hospital for the treatment of seriously emotionally ill children. One of its basic treatment assumptions is that its staff cannot treat the child if the child's family is not helped. The first technique of treatment, if we may call it a technique, is to make the parents welcome.

A short time ago I read a paper describing some aspects of the family-centered program of the Esther Loring Richards Children's Center. A professional person in the audience asked me: "Why do you let these children be with these vicious parents?" Now I believe, as I told this person, that these parents are not vicious and do not wish to be harmful to their children. Despite all their physical and mental and social illnesses they wish to be responsible parents. When they do not act in a responsible manner perhaps the fault is ours because we have not been kind to them, because we

were offended by their hostility or made uneasy by their suspicion.

The following case illustrates some of the essential elements in the family treatment plan of the Esther Loring Richards Children's Center:

The parents of 7-year-old Mary were indeed disturbed. Her natural mother was a chronic schizophrenic who since Mary's birth had long periods of state hospital care. Her father had spent many years in training schools and in prison. Her stepmother, who had raised Mary from the age of two, is a mentally retarded woman who was sterilized in her teens after a sexual experience with her father and who lived in a state institution for the mentally retarded until she ran away at the age of 20. Mary's father and stepmother had been brought to court by a community agency whose staff had concluded that they could not be helped and recommended to the court that Mary be taken from their custody. The parents did not want to give up their only child, and the court requested the Esther Loring Richards Children's Center to evaluate this child and her family.

Mary was examined by the psychiatrist and the psychologist. Her father and stepmother, who were extremely distrustful of the staff, were interviewed by the social worker, and tested by the psychologists. Mr. D. did not appear for the first scheduled interview, and the night before this interview he tried to persuade his wife from coming to the Center, fearing that Mary would be taken from them and placed in a foster home. He instructed his wife to observe carefully how the children were treated in the Center since he knew how kids were treated in institutions. Mrs. D. was shown the entire hospital and examined the children very carefully. Her husband's suspicions were somewhat allayed, and he came to the Center the next day for his first interview. During his first visit Mr. D. asked to be allowed to see the children and talk to them himself so that he would find out whether or not the children liked the Center and how they were being treated. Permission was readily granted.

The following excerpts are from the social worker's notes on Mr. D.'s second interview, immediately after he had seen the psychologist:

He was pacing the floor of the waiting room. I invited him into my office where he sat uneasily on the edge of the large armchair. In the beginning of the interview he seemed tremulous, uncomfortable, suspicious, and refused to remove his jacket.

I asked him what he thought about the possibility of his daughter's coming to the Center. He spoke rapidly, saying that sometimes he liked the idea and wanted her to come; at other times he didn't want her to come—he knew all about places like this. His wife hadn't gotten a fair shake when she was in the institution. . . . they had beaten her up and locked her naked in a cell. I wondered if he thought his girl needed to come—was she sick and in need of help? Sometimes he thought she was sick and sometimes he thought she was just spoiled. How the hell could he know? We were experts and he had to rely on us. What did we find out about his kid?

I told Mr. D. that I was going to give it to him straight. We felt his daughter was an emotionally sick girl who needed some treatment and we were people who could give it to her. Mary had not been born this way—and as soon as I said this, Mr. D.'s face showed a look of genuine relief. He slumped back in the chair and accepted a cigarette from me which I had offered several times without being accepted. He said, "You know, Doc, I was afraid that my kid couldn't be cured. She's acting like her real mother did, and I guess you know that she's crazy."

I picked this up and said that the next thing we had to talk about was how she got this way since she wasn't born with it. Here too, I was going to give it to him on the line. I pointed to an onion growing on my bookcase, and said that when I had set it there it was just an ordinary onion with potentials for growing. With daily sunshine it had sprouted and was about to flower. Something had gone wrong in this child getting the proper things from her surroundings. Mr. D. said: "I get you, Doc. . . . it must have been my old lady who done it to Mary, she's eighty-four

years old and took care of the kid from the time she was born until she was two." I agreed that this lady's handling might have contributed but said that the girl had spent many more years with him and his wife. What part had they played in all this? "We had nuthin' to do with it." I looked disbelieving and said, "Look, you're pretty nervous." He emphatically denied this. I said, "Who do you think you're kidding? You smoke one cigarette after another and you're pretty shaky." He quickly agreed and said that if I did the kind of work he did and worked with the people he worked with I'd be nervous too. I said that the important thing was that some of this was bound to rub off on his kid. "I get you, Doc," was his reply.

I pointed out that we couldn't do the job of helping Mary alone, that he and his wife had to help. They had to look at what they were doing that was making Mary upset and do something about it. Mr. D. again looked suspicious and said, "Doc, I want to cooperate with you people—but that other doc gave me some dirty pictures to look at [Rorschach cards], and I'll be damned if I was going to tell him any dirty stories." I wondered if he and Mrs. D. could work with an agency in getting help. He quickly said that he didn't want any damn Red Feather ladies coming to his house. They had tried to take his kid away from him, and nobody, not even the judge could do that. If I sent any Red Feather ladies to his house, he would throw them down the stairs. Now that Mrs. S. [court probation officer] she was different, she had given them a real good "tip." I asked him about this and he explained. "It's like this, my wife, she's the strict one with Mary. She says no and then the kid comes to me and I feel sorry for her and I say yes. Mrs. S. tipped me off that this was bad for Mary, and so I don't do it no more and the kid is better." I wondered if he would be willing to get more "tips" and more regular help from the court and Mrs. S. "Sure, she's a nice lady. I don't trust her altogether yet. But I don't trust you people too much either. I have to get to know you."

This incident in our evaluation of one family illustrates some of our approaches to parents. In order to work with a family there must be an assessment of the family's assets

and liabilities. This assessment is a formidable task, and we are well aware of the lack of reliability of most of the criteria which we employ to predict family changes. A complete formulation of each personality in the whole family, even if it were possible to obtain, would be so long and complicated that it would be useless for ordinary purposes. But we attempt to gather a sufficient amount of information so that our prediction has less chance of being based on hunches or prejudices. Certain basic historical material on the child and his family is requested of the referring agency. Each child referred is examined by the psychologist and the psychiatrist, and his parents are interviewed by the Center's social worker. From the beginning of our evaluation procedure, which may cover as many as three or four appointments, we emphasize to the parents that our goal is to assess the entire family, not just this child. In many cases the parents are tested by the psychologist and often they are interviewed by the psychiatrist. In a few instances we have felt it necessary to interview siblings in order to obtain a complete and clear picture of the family life.

If we accept a child and then attempt to interview the parents and motivate them to participate in treatment we will have much less success. The parents will not have participated in planning for the child's treatment, and will look upon the treatment responsibilities as being wholly the Center's. Their anxiety and distress may be quickly alleviated with the child removed from the home and they will not be under any pressure to cooperate in planning treatment. If the parents come to the Center before the decision is made to admit their child, if they have an opportunity to observe the operation of the Center and have

their questions answered, as happened to Mary's parents, they can feel more comfortable about the treatment plan. We do not want them to feel that there is anything mysterious or hidden about the Center or its program.

When the staff has gathered data sufficient to make a diagnosis and treatment plan we ask the parents to return once more to meet with the psychiatrist and social worker. At times the child being evaluated and the social worker from the referring agency come to this meeting. We discuss with the parents as fully as we are able the functioning of the entire family, not just of this child. We ask them to plan with us a program for treatment of the family. Often this plan involves residential care for the child. Even when the plan does not involve the admission of the child this final conference takes place. Parents have told us too often of going to clinics or hospitals and never finding out the results of the examination and interviews. They appreciate our confidence in them when we share with them our findings, even though these findings point to serious difficulties in their family life.

Another important assumption of the Center's treatment program concerns the problem of separation of a child from his parents. Whatever the primary causes of the illness of any child, his family and community relationships have become pathologically distorted. To facilitate a child's return to health, often to initiate such a process, and to enable him to maintain his improvement, changes must occur in these relationships. An unbroken period of hospital care is detrimental not only because the child feels rejected by his parents, but because it gives the parents and child no opportunity to build better relationships. Since the program at the Esther Loring Richards Children's Center is



an open hospital program and does not admit children who need locked ward care, there is little danger involved in allowing these children frequent visits at home. As a routine part of the program the child spends each weekend at home. By this device we challenge parents to be responsible for the care of their children. We are saying to them that they are not incompetent, useless parents. The child in the Center is learning a new relationship to adults while the parents usually, through counseling or psychotherapy with the referring agency, are learning new ways of relating to their child. The weekend contact affords parents and child the opportunity to put these new feelings and attitudes into practice. The child does not lose his physical and psychological place in the family or in his peer group in the neighborhood.

Although removal of the child from the home for five days each week is often quite necessary to lessen the family tensions and to give both child and parents some much needed relief, this type of help is merely symptomatic and palliative. Many people place undue importance on such relief of tension as to say: "Keep this child and family separated until we have been able to work with them by various therapies and when they are well they can be reunited." We think that families get better more rapidly and the improvement in family life is more enduring if they can, during frequent and limited periods, test out their new relationships. We have required that the parents perform certain parental functions on the weekends, such as taking care of the child's laundry, seeing that he gets a haircut, and assuming responsibility for his religious observances. When parents return the child to the Center each Sunday a member of the staff interviews them briefly regarding the

events of the weekend. We have noted the pride which parents show when they can give the staff member a good report. They want us to know that they can be responsible parents.

There are many other ways in which we emphasize the parents' responsibilities and rights. We prefer whenever possible to avoid commitment procedures, asking the parents to sign a paper that gives us their permission to treat the child, and also gives them the right to remove the child if they present written notice. The parents and child have a right to communicate without the interference of the hospital, and so letters are never opened by the hospital and parents may phone their child during the week. If a child is sick or hurt we notify the family at once, and we call the family doctor if the parents wish us to.

Billy M. is a 13-year-old adopted boy who was described by his mother as "completely beyond her control." He had been involved in many delinquent and destructive actions and was completely defiant of his parents. His mother said: "I just can't live with Billy any more." Of the many areas of discord in this family the following stand out: the parents had never fully agreed to adopt this boy; they hardly ever agreed on methods of rearing him. Their own relationship was marked by distrust, quarrels, and infidelity. Billy had been showing combative and defiant behavior since 4 years of age, and in the three years before his admission to the Center there had been several attempts at treatment and placement. At times the failure was attributed to the boy's lack of cooperation, at times to the parents' "interference" with treatment.

After the staff at the Center had obtained a thorough knowledge of the family, the mother, father, and child met with the social worker from the referring agency and the social worker and psychiatrist from the Center. After reviewing the total picture of family discord, they agreed on the following treatment plan.

We assumed that all wish an end to the present difficulties, but previous attempts have failed because each person blamed the other and refused to do his part. We would accept Billy on a trial basis. At the end of a month we would all meet again and review what had happened. If Billy has not tried to control his acting out or if the parents have not worked with the agency to improve their own relationships and their relationships with Billy, we would not permit him to remain at the Center. Faced with this challenge all members of the family assumed responsibility for the success of treatment, and although there were many crises in the course of treatment, this family was decidedly improved when Billy was discharged nine months later.

This case illustrates the refusal of the Center to take total responsibility for the treatment. If the parents would not cooperate we would not continue what we felt would be a useless endeavor. The boy's delinquent behavior had become so serious that his parents looked upon his admission to the Center as a last chance and were willing to face the unpleasant task of looking at their own failings and doing something about their own relationship. However, they would not have done so if we had not insisted on their participation.

In this instance we felt that as a result of treatment Billy's mother had gained what we like to call "insight." But not all of these parents will develop an understanding of the factors which precipitated the breakdown in family living. For some parents the help which they receive will need to be more in the nature of support and direction. For these families it appears that the community through its professional agencies can supply some of the support which was formerly inherent in the social order and the extended family unit. When we deal with these families we are struck by their drifting from agency to agency, receiving no sustained help but only the assistance necessary to tide them

over a particularly acute crisis. Since these people often cannot assume the responsibility taken on by the families we discussed above, this long-term responsibility should be taken over by an agency of the community. We have treated children whose families have been seen for years by community agencies. We do not wish to take over the functions of these agencies, but require that they continue their services to the family during and after the child's residence. We view the inpatient treatment as a short-term, specialized service in the agency's total plan of care for this family. The school, the public health nurse, the community recreation center, the Big Brothers agency, and many others are sought out in particular cases to provide this support. I feel that we should include the family physician more than we presently do. The case of George is an example of the value of supportive community care as part of the total treatment plan:

George is an 11-year-old who refuses to go to school. His mother has never been able to free herself from extreme dependence upon her parents. George's father died when George was one year of age, and his mother has not remarried. His mother has had recurrent depressions since her husband's death, has had several periods of hospital care with electroshock treatment, and has been under outpatient psychiatric care for several years. It was the opinion of the staff of the Center and of the mother's psychiatrist that partial separation would be helpful to both George and his mother, but that foster home placement would not help George and might result in suicide of his mother. George is now much more boyish and outgoing. His mother has transferred some of her dependency relationship to the psychiatrist, who predicts she will need this supportive relationship with him for many years.

Isidor Bernstein has enumerated ways in which parents must cooperate if child analysis is to be successful. Since the

child's ego is not sufficiently mature for him to cooperate in the way an adult can cooperate, it follows, says the author, "that some of the ego functions required of the patient for adult analysis are taken over for the child by one or both parents."<sup>8</sup>

Dr. Bernstein continues:

... it requires only that the parents be *sufficiently well to provide the following*: (1) recognition of conflict, suffering and inhibition present in the child; (2) ability to tolerate frustration, narcissistic injury caused by admitting that the child is ill, other object relations of the child and privacy of the child's treatment; (3) a desire for the child to be well and independent which exceeds the neurotic gratification to be derived from the child's neurosis; (4) sufficient ability to detach themselves from the child to attain a somewhat objective attitude so they can report daily activities, cooperate with the analyst regarding practical arrangements, and refrain from acting out or permitting the child to act out; (5) a scale of values which places mental and emotional health above the expense, inconvenience and deprivation required by the analysis.<sup>9</sup>

This passage summarizes what is required of parents if the treatment of the child is to succeed. In essence, it states that the parents must be partners with the therapist in the treatment of the child or the treatment will not be successful. In addition, the parents must make the necessary changes in their own lives so that the child can experience those beneficial love-relationships which are necessary for the development of a healthy personality.

These are some methods used by the Esther Loring Richards Children's Center of assessing the family, of motivat-

<sup>8</sup> Isidor Bernstein, M.D., "The Importance of Characteristics of the Parents in Deciding on Child Analysis," *Journal of the American Psychoanalytic Association*, VI (1958), 72-73.

<sup>9</sup> *Ibid.*, p. 73.

ing the family, of making the parents partners in the treatment plan by recognizing their responsibility and dignity as parents, of challenging them to better performance. We have not been able to reach all families by these methods and we do not claim to have the answers to all the serious problems which families present. Some of these problems are outside the province of psychiatrists and social workers. For those which are within our fields the psychiatrists and social workers need to develop specialized techniques to overcome the negativism and inertia of these parents. Psychologists need to investigate present testing methods in relation to their utility in the evaluation of these parents and in the evaluation of the patterns of family interaction.

# TREATMENT OF THE SEVERELY DISTURBED CLIENT IN A PUBLIC WELFARE SETTING

by William C. Sample

RECENT YEARS HAVE WITNESSED a growth of interest on the part of social workers in the treatment of the more severely disturbed client. There is, for example, a lively concern in the treatment of character disorders, a much maligned type of mental illness which has become almost synonymous with the phrase "acting out." Indeed, it would seem that this clinical type predominates in family agency case loads.<sup>1</sup> While questions still arise as to the "treatability" of the person suffering from a character disorder, it would seem that many improve with the use of current treatment methods.

Casework interest in the ambulatory schizophrenic is even more recent, as shown by the sparsity of casework writing in this area. Psychiatric writing about schizophrenia is, of course, voluminous, though it would seem that the materials deal largely with the hospitalized patient or with patients who may be followed on an intensive basis in clinics or privately. The ambulatory schizophrenics present many dif-

<sup>1</sup> Mary Ellen Hoffman, "An Analysis of Clients with Character Disorders," *Social Casework*, XXXVIII (1957), 126.

ferences. Obviously, they function at a more adaptive, and in a more integrated, fashion. They are capable of formidable efforts to contain the psychosis, though these efforts are sometimes as bizarre and as fragmented as the psychosis itself. They move often in profound loneliness and isolation on the periphery of life in the community, never really becoming involved, but living the most restricted, microcosmic existence. If stress becomes too great, complete breakdown results. They are known to few people or institutions in the community. They rarely seek help for themselves, nor are adult psychiatric clinics particularly interested in this kind of difficult long-term patients. All welfare departments know this type of client, for the ambulatory schizophrenic is often profoundly dependent and infantile. If they are in the labor market, their skills are minimal, their "slipperiness" makes them poor employment risks. Many are found on the rolls of the Aid to Dependent Children program (ADC). They often have illegitimate children out of their chaotic searching for stability and security and their immense self-destructive drives. They are rarely offered casework service even in public welfare agencies equipped to offer this, since so often the agency's emphasis is upon direct work with children, or on foster home care. They may be so withdrawn and isolated and suspicious that they tend to be classified as untreatable by both casework and psychiatric standards. It would seem that as public welfare agencies develop rehabilitative programs, they will be increasingly faced with this large residual group of chronically disturbed clients who do not respond to rehabilitative measures as they are now structured.

This discussion describes the casework treatment by a child welfare worker of four ambulatory schizophrenic



women, all recipients of Aid to Needy Children (ANC)<sup>2</sup> from the Department of Public Health and Welfare in San Mateo County, California. All were seen for a period of eighteen months, generally every other week, though contacts varied. During periods of stress, contacts were intensified. One client, for example, was seen every day for a two-week period during a time of particularly great stress. The four women comprised part of the regular case load of the child welfare worker and were selected for treatment on the basis of the severity of their pathology, and the obvious damage to the children as a result of the pathology in the mothers. It was believed that help for the mothers would be the most valuable means of helping their children where foster home placement or relinquishment for adoption were not possibilities. All four displayed some interest in, and motivation for, treatment, though this was characteristically vague, tempered with suspicion and doubt which took months to overcome. Each of the mothers had received ANC elsewhere, or for varying periods in San Mateo County. Some had had brief periods of contact with former child welfare workers. The agency itself is particularly well organized to deal with the difficult client. In this instance the services of the psychiatric consultant, the adult psychiatric clinic, public health nurse, community hospital and outpatient clinic, and a pediatrician employed to care for children in foster placement were all utilized. Two of these clients were diagnosed as schizophrenic by psychiatric consultation, and two by direct diagnostic evaluation in the adult psychiatric clinic. All four displayed similarities in background, in their current functioning, in their relationships with

<sup>2</sup> Aid to Needy Children is the California equivalent to the Aid of Dependent Children program.

their children, and in the severity and grossness of their pathology.

Three of the clients had one child each, the fourth had seven children, some of whom were illegitimate. In many ways, Mrs. F., the fourth was the most difficult, but also the most resourceful, of the four:

An obese woman of 38 with badly bleached hair, and an attachment to wildly flowered dresses which accentuated her obesity, Mrs. F. had been an ANC recipient for the past twelve years in San Mateo County and elsewhere. She moved continuously around the state and, indeed, though the Western part of the U.S., in chaotic, aimless fashion, settling here or there for a month, then moving on. At intervals she returned to San Mateo County, where her mother lived, only to move on after a few months. Mr. F., the father of the first three children, deserted. Following the desertion, she formed relationships with a house painter and a Mexican migrant worker, both of whom she attempted to persuade to marry her and by each of whom she had two children. Her ability to manage the frequent moves with this large family indicates the extent of her resourcefulness. Moving seemed to be her chief defense against the panic which periodically seemed to threaten to overwhelm her. These moves probably ward off an overt psychotic break. Her children, ranging in ages from 5 to 16, obviously were damaged by the mother's chronic instability. None had seen a doctor in years, and all had physical and emotional problems of varying degrees of severity. Most were unable to read, they had spent so little time in school. Still, the mother seemed to have some primitive warmth for her children, though at times she was nearly overwhelmed by her hostility toward them. Mrs. F. maintained a fearful, hostile, dependent relationship with her mother, who depreciated her and spoke of the "shame" she had brought to the family. After these attacks by her mother, Mrs. F. was often seized by violent attacks of vomiting. Her consuming hostility for her mother was evident, but evident as well was her need for her. Her early life was chaotic, filled with trauma and neglect at the hands of her mother.

At one point, she was placed in an institution for neglected children. Her mother had remarried a number of times, and the only stable person in her environment was her grandfather, of whom she spoke warmly, and with whom she ultimately came to compare the worker.

The second client, Mrs. L., provides marked contrasts, but also many similarities, to Mrs. F.:

A vastly obese woman of 28 who weighed almost 350 pounds, Mrs. L. was the mother of an 8-year-old illegitimate daughter. This child was appallingly scarred by an accident that involved playing with matches. Speaking of the accident, Mrs. L. would often recall that she had always been fearful that the child would be burned. A woman of doll-like prettiness, Mrs. L. had been an ANC recipient for six years. She had been hospitalized at the age of 18 when, during a period of great stress, complete breakdown resulted. Obese since early childhood, she often spoke in a bizarre manner about her weight, feeling somehow that it was really not a part of her, but "like a third person." She was sometimes almost suicidally depressed, spoke of wanting to die by eating herself to death. Mrs. L.'s mother was a controlling, narcissistic woman with whom she maintained a hostile, dependent, symbiotic tie. Although she often spoke of hating her mother, she remained terrified at the force of her own hostility and her fantasies about its destructiveness. The symbiotic tie was recreated with her child, whom she saw as being as damaged as herself. Ego boundaries were nonexistent. Her mother had been married five times, and Mrs. L. and an older sister spent years in a children's institution. They were visited sporadically by the mother. Mrs. L. referred often to having been kidnapped by her father, and there were many sexual fantasies about him, including that of having had a child by him. A very bright woman, Mrs. L. read voluminously, rarely left her house except to shop, and was completely isolated.

The third mother, Mrs. C., again presents both similarities and contrasts:

A vaguely pretty woman of 28, Mrs. C. received ANC for six months before work with her began. Her husband had deserted

her and her 2-year-old son. Mrs. C. waited patiently for his return, feeling that he had been a victim of amnesia. While waiting, her existence remained almost completely isolated. Rarely did she scurry forth from her small apartment except to visit her mother, for whom she felt a consuming, totally unexpressed hostility. She was tied symbiotically to her child, a cherubic little boy, whose tantrums were already astonishing in their intensity and destructiveness. Mrs. C. fed on the boy in an attempt at finding dependency gratification, was seductive with him, but frightened of him. Her hostility at the boy's demands was very great, but handled by overprotectiveness with statements like, "I live only for my child." There were many unexplained somatic symptoms, and Mrs. C. was often terrified for fear she might have cancer. Simple and quavering, she was perhaps the most profoundly dependent of all four clients. Mrs. C.'s mother had married twice. She commented that she had never felt close to her mother or to anyone else. She spoke vaguely of her father, and professed to remember little more than the fact that he was Catholic. During the course of treatment, she decided to join this church, after much painful vacillation and struggle, and this seemed to be one of the first restitutive steps for Mrs. C.

The last of the four is Mrs. V.:

A plump, square-faced woman of 24, Mrs. V. was the mother of a 4-year-old daughter by a man to whom she had only briefly been married. Later there was an illegitimate child whom she relinquished for private adoption. Mrs. V. lived with her parents, from whom she could not separate, being caught up in a desperate dependent struggle with the mother. Again, this struggle was repeated with her child. Her relationship with her father was provocative and seductive. She lived in fear that her mother would sicken and die, and leave her alone with her father. Mrs. V. talked repeatedly about her mother's earlier illness, when, as a 14-year-old, she had had to take over her mother's role in the home. There were sporadic attempts at working, but she rarely held a job for any length of time. After these job failures, she retreated to the home, became massively depressed with feelings of inadequacy and despair. Mrs. V. allowed her child to control and dominate her, and seemed to see the child as a part of herself. Mrs.

V.'s mother blatantly encouraged her acting out, and repeatedly spoke of her fear that her daughter would get into further difficulty.

Some common characteristics of all four clients are immediately apparent. Their profound infantility was striking. Inherent in this infantility was an astonishing belief in magic in much the manner of a small child. The thought became the deed. Their reality testing was impaired to such a degree that only gross kinds of differentiation were possible. This magical thinking was accompanied by rituals which, although common in our society, had special meaning to them. None could discuss a child who had recovered from an illness without searching for the nearest piece of wood upon which to knock. Closely tied to this infantility were dependency needs so great that there were almost no defenses against them. Inevitably, the search for dependency gratification seemed to become centered on the child. Glickman's graphic phrase "feeding on the child"<sup>3</sup> well describes the form that this takes. Obviously, no small child is equipped to meet demands of this magnitude. A small child, seeking to gain dependency satisfaction, reacts with rage and pain to the massive demands of his mother. Even Mrs. F., with seven children, chose one of these, a thirteen-year-old boy, upon whom to "feed." Not unexpectedly, this child was severely asthmatic. Children of the other clients had sudden unexplained bouts of fever and illness, seemingly somatizing the anxiety which the magnitude of the demand created in them.

Another immediately apparent characteristic was the consuming hostility in all these clients. This was coupled with a formidable fear of the destructiveness of the hostility:

<sup>3</sup> Esther Glickman, *Child Placement through Clinically Oriented Casework* (New York: Columbia University Press, 1957), p. 29.

Mrs. F. complained bitterly today about her mother's latest attack on her, saying that she had been called a "whore." She had been able to be mildly reproachful toward her mother for this attack. Now she was overwhelmed with guilt and anxiety, and wept as she talked of her fears that her mother would die and she would be held responsible.

Again there seemed to be much magical thinking inherent in this pervasive fear of hostility. The wish for the mother's death makes it inevitable that she will surely die. Much of this hostility seemed directed at the clients' mothers, but its repression was pervasive; that is, in no situation did it seem safe and appropriate to express anger. This unexpressed anger at the mother resembled often that of a young child who has had few gratifying experiences in his life, but who is still seeking gratification from the primary source, the mother.

The mothers of the four clients were all seen at least once. They impressed one as severely controlling and narcissistic, cold and rejecting, needing their daughters, it would seem, to carry their own psychotic potentialities. In recent years the so-called "schizophrenogenic" mother has come under closer diagnostic scrutiny. Perhaps the closest look has been taken by Lewis Hill, who speaks of these mothers as devastatingly possessive, all-loving of the child who is to be schizophrenic. Hill writes that they "appear not as angry and rejecting women but as righteous persons, expecting no reward for their very good maternal attitude, but extremely sensitive, hurt, and silently accusing all and sundry, including the patient, for their troubles."<sup>4</sup> Mrs. F.'s mother, for example, at one point fell to wondering if she might be too hard on her daughter. Ultimately, she decided

<sup>4</sup> Lewis B. Hill, M.D., *Psychotherapeutic Intervention in Schizophrenia* (Chicago: University of Chicago Press, 1955), p. 112.

that she was not, that someone had to take on the chore of attempting to straighten out her daughter.

Common to all four was, as well, the conception and perception of the world as a frighteningly hostile place into which it was safe only to scurry for a few frightened moments, and then quickly to retreat. Profoundly lonely and isolated, they lived microcosmic existences, devoid of meaningful relationships and interaction with others except at the most superficial level. Fear and suspicion even to the intensity of paranoia were inherent in their perception of the world.

Finally, there were the obvious common similarities in their backgrounds. The deeply impaired relationship with the mother, with its concomitant lack of gratification and underlying rage at the mother, was clearly evident. The father was absent, or viewed as dangerously seductive, with little protection being offered from this potentially overpowering situation.

Most works dealing with casework in a public agency refer scantily, if at all, to the financial grant itself as a factor of importance. Perhaps this is because it is believed that this is simply stating the obvious. The obvious needs to be stated occasionally. The monthly check has, of course, both realistic and great symbolic meaning to the client. The check not only provides basic necessities, it symbolizes the concern and protectiveness of the agency from whence the check comes. As one might anticipate, the check was invested with great symbolic meaning by the four clients. All at one time or another talked of the check as though the worker himself had indeed made the check out each month. This occurred after a considerable period of contact, and was perhaps illustrative of the growing positive feeling toward the

worker whom they came to view as kind and giving and protective. Money was allowed for occasional special needs, such as washing machines or ice boxes, although it was months before any of them could make such direct demands on the worker. Later, surplus foods, such as butter, rice, and cheese, were provided when these became available as auxiliary aids to the grant.

The grant then constituted direct and symbolic support. Casework services provided along with the grant were essentially reality-centered and supportive. Only recently have social workers attempted to refine the concept of support, heretofore a vague catchall term utilized to describe virtually anything and everything done in the name of casework. To paraphrase in reverse Mark Twain's old statement about the weather, everybody does supportive treatment, but no one talks much about what they do. Hill alludes to the importance of support, commenting that the behavior of the therapist should from the start support "the real ego of the patient." This means, according to Hill, supporting such activities on the part of the patient as are valid, and:

supporting the patient's self-esteem, his confidence in himself and his ability to cope with his anxiety without resorting to regressive defenses. It is implied that supporting the patient's self-respect amounts to encouraging him to express himself and give thought to his own self-interests and aims rather than exclusively to his symptoms or the wishes and fears of other persons concerning him.<sup>5</sup>

The phrase "reality-centered" is used advisedly. These were women who struggled intensely to differentiate reality from their own magical fantasies and fears. The emphasis, then, was upon helping the clients to deal with current

<sup>5</sup> *Ibid.*, p. 193.



reality situations as they occurred, keeping the reality always in evidence. The worker then acts as an adjunct to the client's ego, taking over when he needs to do so the reality-testing functions of the client's damaged ego, correcting the distortions that inevitably occur, perceiving for the client where he needs to do so, and can validly do so. In the ambulatory schizophrenic, reality-testing functions of the ego are vastly impaired, but not totally. Some portions of the ego remain intact, and it is these that can be selectively supported and utilized in treatment. There are, for example, certain ego defenses that are often intact in this kind of schizophrenic. Usually, these defenses are of an obsessive-compulsive nature. Like repressive defenses, also present, these obsessive compulsive defenses are used with much rigidity and inappropriateness. These defenses serve the essential purpose of helping to contain the psychosis, and obviously they must be supported. What can sometimes be accomplished is some modification in the use of the defense, that is, in helping the client to use the defense with greater appropriateness, which follows from the earlier discussion of the worker's role as, in part, an adjunct to the ego of the schizophrenic client.

As has been indicated, underlying hostile feelings are generally totally repressed or otherwise defensively dealt with. An essential part of the work with these four clients was aimed at helping them to be able to express some of the consuming, immobilizing anger with which they all struggled, and helping them, as well, to select situations in which this anger might properly be expressed. Initially, this took a formidable amount of reassurance and encouragement, particularly as the worker intimated at times that it might be appropriate to "talk back" to the mother, or to deal

firmly with a child. Particular care was necessary in handling the hostility toward the mother, which, while devastating and consuming, did not negate the clients' need for their mothers. Indeed, it was felt that the continued reality orientation of all four depended on a continuance of the relationship with their mothers. Rather elaborate and gross distinctions between "talking back" and hostility had to be made, along with continued reassurance that the mother could indeed survive being "talked back to" without dying or disintegrating in some magical way.

There remain special aspects of supportive treatment with this kind of schizophrenic client and in this type of setting. One of the most important of these special aspects of treatment is dealing with stress, to which the disturbed client is particularly vulnerable. Stress may be either external or internal but it is generally both. If it is external, it can sometimes be anticipated well in advance, and steps taken to ease or avoid the anticipated stress. An example:

It quickly became apparent, after some initial exploration, that Mrs. F.'s seven children suffered from many different physical ailments, and that none had seen a doctor in years, partly out of Mrs. F.'s extreme guilt and fear that she would be criticized. Arrangements were made for a pediatrician who generally only saw foster children to see Mrs. F. and her children. A preliminary conference with the doctor was utilized to point up Mrs. F.'s extreme fears and anxiety. The initial appointment worked out very well, and Mrs. F. was able to meet the follow-up appointments without so much fright, and without the wish to run away.

Because stress can be so devastating to this type of client, another useful technique employed was to increase the frequency of interviews during periods of stress. Brief daily contact during these periods served to help the clients feel that they were supported, that the worker recognized their

pain and their panic, but did not feel that they were helpless to meet the stress, or that it would devastate them. The activity of the worker was of great importance during these periods when breakdown was a real possibility. Of equal importance during these periods was the accessibility of the worker. While some attempt was made to hold to regular interview times, clients tended to show up unexpectedly during periods of stress, or to telephone with the request that they be seen at once. Manipulation? Hardly. Rather, in these clients, a desperate reaching out for immediate help before they were overwhelmed. On one occasion, a client was given the worker's home telephone. She did not telephone, but commented later that she "felt better" knowing she could call if she needed to do so. An effective technique during these periods of stress with its concomitant panic was a degree of directiveness on the part of the worker. A loaded word in social work, "directiveness" seems to imply an authoritative stance which many social workers resist. While it may certainly be utilized unsuitably, at times it can be used effectively with this kind of client. Robert Knight writes that "the kind of firm control which a 'naughty' or frantic child needs from his parents, the schizophrenic patient will often need from his therapist."<sup>6</sup>

An allied aspect of treatment was the necessity at times of dealing with depression, which, in clients with this degree of illness, can be symptomatic of decompensation and the onset of an overt psychotic state. It can certainly be anxiety-producing to the worker as well, who witnesses the depth of depression possible in these clients.

<sup>6</sup> Robert P. Knight, M.D., "Introduction," in Eugene B. Brody and Fredrick C. Redlich, eds., *Psychotherapy with Schizophrenics* (New York: International Universities Press, 1952), p. 16.

Mrs. L. seemed increasingly depressed, talked of feeling "horrible things" which she could not describe, and of wanting to die. She had lost a substantial sum of money from her last two checks, a sign of the severity of the depression since money meant food and oral gratification to this terribly obese woman. Ultimately, she was gently told that she must put her money in a checking account, or that the agency would have to pay her bills directly for her. This she was able to do, and the depression seemed to lessen gradually in intensity, and she appeared more active and alert.

A comparable technique is utilized in neuropsychiatric wards where a patient is sometimes asked whether he prefers to go back home or on to the state hospital. At these points, a client, faced with this challenge and the possibility of utter defeat, can sometimes mobilize his remaining strengths.

Another example:

Mrs. C.'s husband finally wrote to ask for a divorce. Mrs. C., who fantasied that he was suffering from amnesia and would ultimately return, was overwhelmed in her depression, which hid her anger, and which it was felt was near enough to the surface to help her express. Seen daily for a brief period, she finally volunteered tentatively that her husband "lied" in saying in the divorce papers that she had nagged him. Her comment was reflected back, and Mrs. C. startled, retreated. The worker picked up the comment again, added that if this was what she felt, it was "O.K." to say so. Less tentatively, and with more effect, she said "he is a liar."

Another special aspect of working with clients with this degree of illness is the special problems which arise in utilizing agency resources. These resources, previously described, were regarded as essential, but special care and planning were needed if they were to be successfully utilized with ultimate benefit to the client. Preparatory conferences with staff members of other departments were essential from

the standpoint both of the client and of the staff member. For example, on one occasion, the services of a public health nurse were utilized:

Mrs. L. was very ill, and because of her size there was danger of pneumonia. Because she was so fearful of seeing a doctor, the services of a public health nurse was used initially. The nurse was finally able to arrange for a doctor to make a home visit, which was carried out successfully. Mrs. L. was subsequently able to follow through with additional appointments in the doctor's office. The worker and nurse conferred daily, and the nurse was well prepared for Mrs. L.'s bizarre appearance and manner, and her probable reaction to help.

If the worker needs to spend considerable time in the preparation of staff members, it follows that an equally careful preparation of the client is necessary. These were clients for whom the new and unknown were frightening and anxiety-producing almost beyond belief.

A final aspect of treatment concerns the worker himself. Probably no other group of clients makes such formidable personal demands on the worker. Part of these demands involves meeting dependency needs, which can be draining and exhausting but is extremely necessary. There is no easy solution to this problem. Shorter interview periods can sometimes be utilized. Obviously, a worker should be well prepared prior to assuming treatment responsibility as to the demands that will inevitably follow. Technical competence is assumed in any worker who attempts to work with this kind of client. Finally, the worker must have a realistic conception of goals that are possible of attainment. These must, of necessity, be limited treatment goals.

This brings us to a consideration of treatment goals for a client with this degree of pathology. What can one aim at

in the treatment of a chronic ambulatory schizophrenic in a public welfare agency? More formalized definitions of rehabilitation and goals of rehabilitation presuppose a formal rehabilitative structure. They seem somewhat inane and fanciful when applied to these clients. Goals were simple: to help the client achieve some greater comfort in functioning; to help the client view the environment as less hostile and frightening and overwhelming; to help relieve the intense pressures on the children; to achieve some separation of the clients and their children, thereby hopefully allowing the establishment of some ego boundaries and ego identity in both client and children; and, finally, to help more firmly encapsulate the psychotic potentialities in the client. On reflection these do not sound so simple after all. They can certainly be called limited treatment goals, a phrase Otto Pollak has well illustrated with the example of helping to turn a character disorder in a child into a more neurotic adjustment, with its concomitant focal symptom syndrome.<sup>7</sup> Ruth Chaskel states this succinctly in terms of helping a family to achieve "a modicum of adjustment to living, with crises, perhaps occurring at fewer intervals with diminished intensity."<sup>8</sup>

To some extent, these goals were attained with all four clients, in the view of the worker, supervisory staff, and psychiatric consultant. Mrs. F.'s aimless moving stopped. She remained in the same place for eighteen months, in spite of many threats to move, and she is there today. Less dramatic examples of improvement could be cited for all the others. The hostile dependent struggle with their mothers

<sup>7</sup> Otto Pollak, and collaborators, *Social Science and Psychotherapy for Children* (New York: Russell Sage Foundation, 1952), p. 204.

<sup>8</sup> Ruth Chaskel, "Public Social Policy and Casework Services in Public Welfare," *Social Work*, IV (1959), 31.

lessened in intensity as each one was able to meet and, to some extent, answer her mother's attack without the fear that the mother would die. All were able to meet stress situations with less devastation and panic. Defensively, the underlying psychotic structure appeared better contained. Interestingly, all four became interested in religious activity, generally becoming involved with the Fundamentalist churches whose door-to-door recruiters are particularly active in California. When this pattern began to emerge, there was some question as to whether the worker was doing social work or missionary work. The religious activity and its concomitant social activity seemed to be additional evidence for the view that the world was becoming a less hostile and frightening place. Earlier, a call from a religious recruiter would have caused most of the four women to scurry away in panic. This was seen also as an attempt at restitution on the part of all four, and was ultimately encouraged and supported by the worker. Purists may point out that the psychotic and religious fantasies become intertwined. One can argue, validly, however, that almost any restitutive effort should be supported. The kinds of moralistic defenses that religious activity encourages are inherently valuable aids against propensities to act out, generally in a self-destructive way.

And what of the children? No one can pretend to believe that all the problems of the children of these women have been alleviated. However, the pressures on them were lessened, they have had regular medical care, and some have been enrolled in the same school for almost two years. Formidable character problems remain in these children, and one can speculate endlessly as to why it is that children of psychotic mothers do not become psychotic. The concept of

limited treatment goals is equally applicable both to parents and to their children, as child welfare workers well know. While one might wistfully fantasy about the advantages of a foster or adoptive home for these children, these limited treatment goals were realistically, it would seem, what could be accomplished in terms of help for the children through helping the mothers.

This description of the treatment of four seriously disturbed clients in a public welfare agency supports the thesis that casework services can be successfully offered to, and utilized beneficially by, clients whose illness is severe and who are not treatable by the rather narrow definitions that overburdened psychiatric clinics have evolved. As rehabilitative programs grow in scope, and as income-maintenance programs such as Old Age and Survivors Insurance, unemployment compensation, and disability programs become more widespread, these types of clients will make up an increasingly large percentage of public agency case loads, particularly, it would seem, in the ADC program.

The ADC program is under vitriolic attack these days. ADC recipients are pictured as slothful and indolent and deceitful, striving to pull the wool over the eyes of their social workers by pulling the bedspread down over the man hidden under the bed. They are burdened with the incredible charge that they deliberately have illegitimate children in order to collect higher ADC checks. It seems clear that we have not yet presented to the public a realistic picture of the types of clients who make up an increasingly large part of our ADC rolls. We have evidently not sufficiently depicted the need of this group for special skilled help of many different kinds if they are to function with any degree of success and stability, and if, in turn, their children are to



have the opportunities which, theoretically, at least, we believe every American child should have.

These clients require our earnest efforts on their behalf, not only from the standpoint of treatment, but also from the standpoint of communicating the severity of their need and their devastation to the general public.

## THE PSYCHIATRIC TEAM COMES TO THE HOME<sup>1</sup>

*by Phyllis Rolfe*

THE PSYCHIATRIC TEAM and the family are often considered to be mutually exclusive. In fact, however, these two groups have much in common in terms of the needs of the seriously mentally ill person. They both try to decide what is the appropriate treatment for the patient and they try to see that he gets it. However, each tends to be isolated from the other, and often they appear to be working against each other.

For a family, the decision to hospitalize a relative for mental illness is a difficult one. It is made even more difficult by the feeling that the hospital is remote, a point of no return. So the decision is delayed. Frequently, too, it is not easy to find a physician with psychiatric experience who can help them reach the decision to hospitalize, and sometimes the police have to transport the patient to the hospital.

The psychiatric facility (the mental hospital) tends to be involved in the care of the mentally ill only after the patient has become its charge. The personnel most experienced in the care of the mentally ill are only available after a patient has been hospitalized.

<sup>1</sup>I wish to thank Stewart and Helen Perry for offering their thoughtful criticism of this paper. I also wish to thank Walter E. Barton, M.D., Superintendent of Boston State Hospital for his helpful comments.

The gap between family and hospital is to some extent closing because of mental health education. Families no longer dump relatives on the hospital threshold and run in shame. However, the path to the hospital is still filled with obstacles; moreover, too often, patients who do finally arrive there are not necessarily those for whom the best treatment may be obtained in this kind of setting.

In Boston, the Psychiatric Home Treatment Service (HTS) attempted to find new methods for improving the care of the mentally ill person. Specifically, it aimed both at avoiding hospitalization whenever possible and facilitating it when necessary so that maximum care could be provided to those who need it most. In fact, it furnished an excellent means of bringing the psychiatric facility and the family together on the same team.

In 1956 Walter E. Barton, M.D., Superintendent of Boston State Hospital, and James Mann, M.D., then Clinical Director, became interested in the problem of finding alternatives to hospital care for the seriously mentally ill person. They were familiar with the home care program in Amsterdam, Holland, and they wondered whether some such program could be used here. If, as in Holland, an emergency service was available to go to the home of the mentally ill person at the time of psychiatric crisis, would it be possible to avoid hospitalization?

To answer this question Drs. Barton and Mann obtained a grant from the National Institute of Mental Health for a demonstrative program. The grant application read:

To determine whether home treatment of acute psychotic reactions by an emergency psychiatric team is feasible; to learn what patients can be treated satisfactorily in the home, in an outpatient clinic and what patients require ward treatment; to com-

pare the progress of treatment in a home setting with that of ward care in similar cases; and to determine whether home care will decrease the need for hospitalization.

The Psychiatric Home Treatment Service began operating in September, 1957, under the sponsorship of Boston University School of Medicine. Offices at the Boston State Hospital housed a staff of two psychiatrists,<sup>2</sup> two social workers, two nurses, and two research people—a social scientist and a psychologist.

During the first months of the program we tried to specify our clinical objectives and the questions to be answered by the program: Is treatment of acute psychotic reactions in the home feasible? If so, which ones are properly treated in the home, which ones in an outpatient clinic, and which ones in a hospital? We decided not to do a controlled study of home care versus ward care, but we remained especially concerned with crisis situations and emergencies.

Introducing the service to the community was an equally important task in the first months. Although the program was initiated by the hospital from the point of view of its needs and its problems, a home treatment service must be part of the larger community it is expected to serve. HTS had to know the needs of this particular community and establish itself as part of it in order to fulfill its function. From the very outset, it seemed to me as a social worker that unless we saw the community as part of our team the program could never get started. There can be no line between hospital and community.

A case-finding method had to be established. In this large public hospital the door is open twenty-four hours a day, and no appointment is needed for admission. Therefore, it

<sup>2</sup> Tobias T. Friedman, M.D., is director of the project.

is impossible to find the patient before he is on the threshold of the hospital. The case-finding method we established was first to define the geographical area we would service and then to depend on the local clergy, physicians, social agencies, and so forth, to summon HTS when they were called into a family in difficulty and felt that the problem member needed hospitalization because of mental illness. We decided to operate in a neighborhood adjacent to the hospital; this made the homes of our potential patients easily accessible to our offices and permitted rapid service. The neighborhood we chose is a community of 80,000 people who are primarily stable, often home-owning members of the lower middle class and working class. There is no large socially depressed section in this area, which represents a religious and cultural cross section of the larger city. Local agencies, clergymen, and some physicians were visited and were given a description of what HTS wanted to do; in turn, HTS found out what they thought needed to be done. One hundred physicians in the community were canvassed with letters and questionnaires, and a small number were reached by personal interview. Although some attempt was made to formalize our relationship with the community by forming an advisory committee, this plan was never followed up after the first meeting nor was an intensive canvass of neighborhood physicians conducted. To have done so would have been ideal, from a social worker's point of view. However, community organization was not taken into consideration in the grant, and we were not properly staffed to do the right kind of job.

In February, 1958, the formal operation began. We announced this fact to the potential referring agents by sending each of them a referral guide which contained an out-

line of service offered, definitions of eligibility, a street listing of the area we served, and details on how to make a referral. It stated that HTS offered immediate help to the patient and his family in their own home for at least diagnostic purposes; that we were interested in patients who were between the ages of sixteen and sixty (the age range in the admitting service of Boston State Hospital) and who were so acutely ill that someone was considering hospitalizing them at this time. We asked the referring agent to call HTS and discuss the problem on the telephone with a member of our staff. If the referral was appropriate, an appointment was made at that time to visit the family as soon as possible. (If it was clear, however, that the case could more suitably be cared for by an already existing service, the referring agent was directed to it.) We also requested that the referring agent secure permission from some member of the patient's family for HTS to visit.

In addition, the service was listed in the telephone directory, as Psychiatric Home Treatment Service, and we gave a press release to the local daily newspaper so that families or patients could locate us without the aid of a referring agent.

As we turned our attention to the home visit and the diagnostic process we would follow, it became clear to the HTS staff that the family, as well as the patient, was a crucial factor to be considered. They could not be isolated from the patient, his presenting symptoms, and what would happen to him. If we wanted to treat people in their own homes, then the family had to be our allies and the focus of our concern as well.

While we know that the pattern of child rearing in a family is related to the development of mental illness, we

must also recognize that an ill person does not exist in isolation; as mother, father, husband, or wife, the patient has been fulfilling a role and participating in some manner as an integral part of a family unit. We assumed that the interpersonal network of the family affected the course of the illness and we postulated that it had some influence on the current crisis. Therefore, in the diagnostic process, we wanted to learn, among other things, what was transpiring in the family at this time. Was each member of the family playing his part according to the rules the family had made? What balance or equilibrium was being maintained in the family system? What roles can people fulfill? What was the role of the ill member? Can this family sustain a sick member, or will home treatment only make things worse?

During the diagnostic period we developed the technique of family interviewing to obtain the answers to these questions.

The psychiatric nurse made the initial home visit to the family immediately after the referral was received. We felt that a nurse would seem to be a neutral person and that the family might feel less threatened by her than by either a psychiatrist or a social worker. She saw whoever was at home. Her task was to assess the emergency and to introduce HTS to the family and the patient. She then made an appointment for the doctor and the social worker to make a visit together, when all the members of the family were at home—in the evening, if necessary. The doctor and the social worker generally made a minimum of three visits to the family. Fewer visits were made if the crisis was of such a nature that hospitalization was immediately required, or if the referred case was not an appropriate one for HTS. If required, the nurse, the doctor, or the social worker visited

singly, between the more formal joint visits of the doctor and the social worker, to support the family and patient until disposition was made of the case. The doctor and the social worker together visited the family three times in three weeks or in three days, depending upon the nature of the illness and the presenting symptoms.

After the initial three interviews a HTS staff meeting was held to make some decision concerning the case. Where possible, patients were referred to community agencies for complete care, but dispositions were usually not that easily reached. They included continued evaluation, hospitalization, or referral to an outpatient psychiatric clinic or a family agency. There were also cases for which no other service seemed available, and HTS assumed full responsibility. Often, in order to accomplish a referral, extensive visiting by HTS was required before family and patient followed this suggestion. Some cases were closed without making arrangements for further services, and the family was told that HTS was available on call if something happened. This disposition was made in instances in which the problems seemed relatively minor or when the family was uninterested or unable to accept further help from us or others, despite the seriousness of the problem. In the latter cases we often took a calculated risk, knowing that we were quickly available if help was later requested. We had to wait until the situation had deteriorated to such a point that the family would cooperate in a practical plan for the patient.

It is important to note that we were not opposed to hospitalization. When the decision was made, there was a conscious decision that this was the treatment of choice. Hospitalization was arranged with as little trauma as possible,



and a private ambulance was used when the patient could not cooperate sufficiently to be transported in a private car.

What happens on a home visit made jointly by a doctor and a social worker? In our cases, the family usually had to hear again what the nurse had told them on her initial visit. We tried to get the whole family together for a few minutes in the living room. We attempted to clarify with each member of the family who we were. Although the nurse would have already seen some family members and told them about HTS, it often became apparent that other members were still in the dark. This is an excellent example of the minimal communication that exists in some families.

We then tried to find out what was going on at the time of the first call for help. During this process we had an opportunity to study the family and we gave them a similar opportunity to appraise us. We talked about immediate problems and why the family asked for help. (The reader should keep in mind the very strangeness of this experience—an interview with every member of a family group present.) Each family seemed surprised, and even reluctant, at the idea of sitting together and trying to talk in front of each other, even about the current problem which affected all of them. Sometimes a member would try to deny the problem and shirk the responsibility of having been the one who sought help. By discussing the problem and their call for help in a group situation we were able to see before us the masking used by each family member and the various roles played.

We learned after a while that a time would come when it was best to disband the group meeting. We recognized this point when members of the family became more reticent in their conversation and more restless. Since doctor and social

worker might not become aware of the reactions simultaneously, they handled this by agreeing upon certain signals. For example, the social worker would state to the group that perhaps the patient wanted privacy. The psychiatrist would then suggest that he leave with other members of the family. Then the social worker would be able to see the relatives alone and get the story she felt they could not relate in the group. The intimacy of the kitchen table provided an excellent setting for obtaining a family history. The worker usually secured a history of the family, not of the patient alone, if possible, in order to learn what went on in the family and what was the real picture of the current crisis. The denial and masking, the distorted perception, were often so great that it took hard work just to find out what the family thought required attention.

Sometimes the team roles were interchanged so that the doctor talked to the family and the social worker talked with the patient alone. This happened when the patient related to the worker as a woman or because he or she may have found the idea of a social worker less frightening. Then too, when the doctor could not get a medical history and determine the mental status of the patient, he must turn to the family.

Regrouping in the living room, after the separate interviews, we tried to help family members talk in front of one another once again. When there was obvious discrepancy between what was said in the group and what was said in private, some attempt often had to be made to discuss these discrepancies in the group. This was particularly important when a decision had to be made about the patient which involved him directly, such as hospitalization. Sometimes family members were willing to let us repeat for them what

they could not say themselves in the presence of each other. We became increasingly aware that in many instances it had never occurred to the family to voice their feelings to one another. The diagnostic process became therapeutic in that it helped people to interact more freely in the course of the interviews.

As we review this procedure the roles of the respective members of the team come into focus. One of the things that the HTS staff came to recognize was that it was impossible in this kind of agency clearly to delineate activity which would be the exclusive province of any one discipline. Our roles overlapped, and we had to learn from one another. We had to modify our traditional concepts of ourselves and of each other as each new situation called on us to use whatever knowledge we had.

It is most unusual to have a social worker present and participating fully in the diagnostic process in a case of mental illness. In our diagnostic process, the social worker normally made the social diagnosis—an attempt to gain an understanding of the community and environmental influences on the patient. She tried to consider the family needs as well. To the HTS team she offered practical knowledge of what agencies to call for what purposes, such as, for example, immediate financial aid.

The social worker tried to assure that relatives were not treated as "carriers" of the illness, persons to be ignored or criticized, persons from whom the patient had to be "saved." In casework, the social worker tended not to be interested in reconstructing the ill person's personality; her goals were to find a previous good level of equilibrium and to return the patient and his family to this level of adjustment. She

emphasized dealing with current reality and focused on how the person got along with other people in his environment and how well he adjusted socially and economically. These techniques were used in interviewing to restore the previous equilibrium.

I would say that the role of the social worker is least revolutionized by her participation in a home service, and her function could be the clearest in definition. She should be able to use all aspects of her training—community organization (in the initial efforts of setting up the program in the community) and casework and group work skills (in dealing with interpersonal tensions and conflicts in the individual and in the group setting of the family). In the past the caseworker was trained to work comfortably in the home setting. In recent years this practice, regretfully, has fallen into disuse; but with the development of such programs as HTS the social worker is again realizing the full value of home visiting.

The psychiatrist was the head of the team. Accustomed to sitting in his office and interviewing patients from behind his desk, he was the one who had to make the greatest professional adjustment when providing service in a home setting. He became involved in total family care and their needs and had to rethink his focus from the intrapsychic to the interpersonal. Most immediately the traditional concept of confidentiality (what the patient tells the doctor is sacred and must not be shared with the patient's family) was broken down. When he prescribed medicine he had to remember that he was depending on a member of the family to administer it. (In a situation which is so laden with the tense feelings of family members toward one another,

problems can arise. For example it may be more difficult for a family member to deal with a recalcitrant patient who is mentally ill than with one who has a common cold.)

However, the doctor did not discard the more traditional skills of the psychiatrist. He did psychotherapy and supervised the use of somatic therapies such as drugs and electroshock therapy (EST). For example, he made an arrangement with Boston State Hospital so that patients could go to the hospital just for EST and then return home the same day.

The nurse too had to rethink her role. It was originally thought that her primary duties would be to assist the doctor when he gave EST; make a follow-up visit to the homes to check on drug therapy; and follow up immediately after the patient returned home from EST. Later, she found it useful to develop skills as an interviewer and to explore her therapeutic function in continued interviews and visits with patient and family, in addition to her participation in the diagnostic process. In a home service it is essential for nurses to have some knowledge of the technique of therapeutic interviewing, be it called casework, psychotherapy, or chitchat.

Now let us turn to the patients who used HTS and the persons who referred cases to us.

Out of our total of ninety-three cases we received twenty-five referrals from family members directly; twenty-two from social agencies; twenty from local physicians; ten from psychiatric and medical clinics and hospitals; six from clergymen; and ten from miscellaneous sources. Although few referrals came from physicians, we think that the physician is the key person in the process of early case-finding and the one who early has to deal with the questions of hospitaliza-

tion. An intensification of our efforts in the realm of community organization might have resulted in a closer relationship with local doctors. It seems significant that the social agency referrals came primarily from the Jewish agency which had a district office adjacent to the hospital. Apart from public welfare, this was the only social agency which had an office in the area we serviced.

The basic statistical description of our case load offers no particular surprises. There were thirty-eight men and fifty-five women; there was no special concentration in any age group. We saw twenty-nine patients who were single, fifty who were married, and fourteen who were separated, divorced, or widowed. Only two of the ninety-three cases lived alone; the rest were domiciled in some type of family setting. There were only forty-two psychotics despite our aim to serve the more seriously disturbed.

I turn now to the kinds of problems that families brought to HTS and why they turned to us for help. In essence, this raises the whole question of our perception of emergency. From the very first, we considered that we were, in effect, an emergency service. We had no waiting list. We were ready to offer instant attention to any call that came in, so that we had a real sense of immediacy and urgency from the beginning. We were interested in the patient for whom the decision to hospitalize had been made. We assumed that some crisis would be apparent in his behavior, since we knew that both the family and the community usually feel that even considering the possibility of placing a person in a mental institution is a drastic step. When we were called into the home, we expected to find an exacerbation of psychiatric symptoms in the patient; that is, we expected to find the patient actively endangering his own or other peo-

ple's lives or, at the very least, causing severe embarrassment to family or community. In actuality, as our referrals came in, we were forced to reexamine our own stereotypes about what constitutes "emergency," since it soon became clear that the patient often had not presented any new symptoms in the recent past and that no obvious event had precipitated the request for help.

In part, we had poorly defined our role in the community. We wanted, whenever possible, to keep people out of the hospital, to treat them at home. But the family and the community had already tried every means at their disposal to keep the patient out of the hospital. In fact, their decision for hospitalization usually indicated problems concerned with the control of the patient, and these problems were so great that we ourselves probably could not have handled them while the patient was at home. By the time that the family and/or the community had called the police or a psychiatrist for help in obtaining hospitalization, the symptoms were often so extreme that home treatment was out of the question. It is interesting to speculate on how much this attitude affects the conception of the mental hospital in a community. If the hospital is only considered when all else has failed and the problems of control are extreme, then it is to be expected that the general public will think of the hospital as a place of incarceration rather than a treatment center. This in itself raises interesting questions of mental health education, which cannot be explored here.

In a preliminary meeting with referring agents in the community—members of the clergy, physicians, social workers, and others—we asked them to make sure that the prospective patient was mentally ill before they called HTS.

Some of the clergymen openly said that they did not feel qualified to make this evaluation; they asked, "How can we tell?" Other agents, including physicians and social workers, did not consider certain behavior as symptomatic, although any worker in the psychiatric profession would consider it as obviously the behavior of a sick person. It was only when behavior became grossly bizarre, when the patient was a hazard to himself or to others, that the family or the community would term the patient mentally ill, and ask for help. By then it was too late for home treatment. In retrospect, I would say that a patient has to become really insane before someone will get help to him. As long as there is some explanation to account for his unusual behavior—even if the explanation is only folklore—an ill person can for some time show symptoms of withdrawal, or peculiar activity, and so on, and no one will make a move to help him.

In general, then, we can say that we were not called because of an emergency in the illness of the patient. In part, this might be explained by the fact that, for a variety of reasons, we did not have a working relationship with the police surgeons; the police are often called when a patient is in a state of extreme exacerbation of psychiatric symptoms. But the question remains: If the police surgeons had called us, would we have been able to do other than recommend hospitalization at that point? I somehow doubt that HTS could have handled the control problem in the home by that time.

Since we had hoped originally to establish the criterion that HTS should be called only when there was a critical stage in a patient's illness, we asked each referring agent, usually on the telephone, the question: "Can this wait until



tomorrow or should the patient be seen immediately?" Out of ninety-three cases, only thirty-one were reported by the referring agent, whether the family or the community, as requiring immediate attention. An examination of the data on these thirty-one initial contacts showed that only twelve of them indicated any *recent* change in the situation of the patient or the family. After a home visit had been made in each instance, an assessment of these twelve cases showed that most of them were not actually in emergency situations. In fact, there was little relationship between the assessment of urgency as reported by the referring agent and our own appraisal of the urgency. In part, this discrepancy may be explained as a result of the anxiety of the referring agent, who faced the necessity to define the patient as mentally ill. Again, the discrepancy may be partially explained by the fact that the staff of HTS were experienced in dealing with mental illness and did not become alarmed by certain symptomatology; also, the staff was in a position to do something constructive about the situation, which the referring agent often was not equipped to do.

In most of our cases, then, the situation could not be considered an emergency. Obviously, however, some event precipitated the call to HTS. Gradually, we were forced to examine the interpersonal network operating in both the nuclear and the extended family. We began to explore certain situations in the family and to ask ourselves certain questions: Could it be that someone in the family had stopped fulfilling his customary role, the fulfillment of which had up to then made the patient's symptoms tolerable to other members of the family? Was this why the family was seeking help now? Many of the patients had histories of chronic disturbances and previous hospitaliza-

tions. Had a minor crisis in these cases taxed the tolerance of someone within the family who had been chronically overburdened? Was this person now searching for someone outside the family with whom to share the problem or to take it over completely? In the absence of a home treatment service, many of these minor crises might have led to hospitalization simply as a relief measure. For the most part, even the psychotics did not seem to be acutely ill when they were referred to us; in fact, many of them seemed to have managed marginal or near marginal adjustments over the years with only occasional short hospitalizations.

Gradually, an informal hypothesis took shape: the request for help came because of some external change in the family rather than because of an exacerbation of psychiatric symptoms. For example, the event that frequently tipped the scale was the loss of his job by one family member or the arrival of another family member for a visit. These events would precipitate complaints that the patient was not fulfilling interactive role obligations, rather than that he was acting symptomatically—that is, being depressed, or hallucinating, and so forth. These latter chronic symptoms would be considered less important than the fact that the patient was not working, or not caring for the children.

We proceeded as follows in order to test the hypothesis. We coded the complaints as they were reported on the telephone by the family or community referring agent. In general, the code highlighted two groupings: complaints which indicated an interactional failure and complaints which dealt with specific intrapsychic phenomena. Examples of intrapsychic complaints gathered from the raw data would be: "He is depressed"; "anxious"; "afraid of a terrible disease"; "ashamed of self"; "tried to cut her wrists"; "not

sleeping"; "overeating"; "thinks the man upstairs is piping in gas fumes to her apartment." Examples of what we called "interactional" complaints would be: "She holds it against me that Mother died"; "demanding"; "does not confide in family"; "bickering"; "suspicious"; "runs up bills"; "doesn't care for the children"; "won't accept job interview questions"; "won't leave the house"; "patient is making mother depressed and so sick physically that she requires hospitalization"; "patient has a stubborn son"; "patient's daughter threatens to leave home"; "wife is threatening to leave patient."

We were encouraged to find that our hunch was borne out by a systematic examination of the data. That is, there were more instances in which interactional problems were reported—the patient was not fulfilling expectations of him (not going to work, not being loving enough, causing someone else pain, and so on)—than instances in which the primary complaint concerned intrapsychic phenomena—depression, somatic symptoms, bizarre symptoms, and so forth.

We then considered the "family agent." We defined the family agent as the family member who either got in touch with HTS directly or through a community agent who, in turn, referred the patient to HTS. We next looked to see whether the family agent lived with the patient or not and what kinds of problems were reported by these two groups of family agents.

One of our findings seemed to be of special interest.<sup>3</sup> There were eighteen cases in which the family agent did

<sup>3</sup>The material presented in this section is part of a larger study of the total population of HTS which is being conducted by Stewart Perry, social scientist on the HTS staff, and myself. We are studying the call for help and the home visit and we hope to present our findings jointly at a later date.

not live in the home with the patient. In eleven of these eighteen cases, the family agent was a sister of the patient. In itself this seems a rather unusual finding, that a sister not living with the patient should be the family agent. In one of these eleven cases the patient was a widow living with her adolescent children. She was suffering from acute depression which incapacitated her. No other adult lived in the household, and it seemed reasonable that a sister should step in and act as the family agent. In the other sixteen cases the picture was less clear. Three of these patients, all women, lived at home with their husbands and children. It seemed strange that a sister would request help when the patient lived with her husband. We therefore examined another set of cases, in which the husband was the family agent, to see if there was any difference between what husbands and sisters reported about patients. In general, they complained about many of the same things: the patient was not fulfilling her job as housekeeper; the patient had eating and sleeping difficulties; some specific stress was causing the difficulty; and so on. In addition, the sister might report that the patient's husband did not understand his wife's difficulties and therefore added to the problem. (When the husband is the patient, a wife seems to put more stress on bizarre symptoms, on the patient's not working and/or posing an economic threat to the family, with some emphasis on a lack of fulfillment of the wife's expectations.)

Seven of the ten cases (males and females ranging in age from twenty-one to fifty) were living as dependent children with one or both parents. In these cases, the sister, as family agent, often complained of bizarre symptoms and of the fact that the patient was not fulfilling affective expectations. In another group of patients, in which the parent was the

family agent, the complaint was that the children were fearful, depressed, or a real danger to someone's life or safety. Both groups felt that the patient was not fulfilling their behavioral expectations for him. The question seems to arise: Are sisters more able to see pathology?

In the two case illustrations that follow, some of the implications of this group of findings become more apparent. In one case, the patient was a wife living with her husband; in the other, a dependent child living with the parents. A sister living outside the home was the family agent in both cases.

The first case was that of Mrs. T., fifty years old, who lives with her husband and adolescent daughter. Mrs. T.'s sister called HTS directly about the patient. The sister had been complaining to a friend about Mrs. T., and the friend told her that she had read about HTS in the newspaper. The data on the first telephone call was reported by an HTS staff member and reads as follows:

Nothing special has happened that she [sister] is asking for help. It's just that the patient can't talk to her husband who is withdrawn. Last week Mrs. T. had a virus and she had to be rushed to the hospital. It turned out to be a kidney infection. She wouldn't let them make tests and so she was discharged and had to go to a private doctor. Mrs. T. clung to her sister [through this illness] and wouldn't let the sister leave her for a moment. Mrs. T. has been sick on and off for a long time. Her first breakdown was in her early twenties when she lost a breast. She has had EST and is now very fearful. They [Mrs. T.'s family] found out after she was married that Mr. T. had been sick mentally. So now either one or the other is mentally ill (sister reports). The daughter is very bright but is not going to school. She began [bizarre] jumping three or four years ago.

During the home visit the patient reported that she had a kidney infection for which she was currently under treat-

ment and mentioned her own unwillingness to cooperate with medical facilities. She reported that she was still upset so that she sometimes sat and brooded and neglected her housework. She related the same mental hospital history as that told by the sister. In addition, she revealed that her daughter had been treated and that she, the mother, had not been able to cooperate with the child guidance clinic because she thought that social workers did more harm than good with their prying.

We compared the data on complaints. They were exactly the same, item for item, except that the sister did not report any symptoms showing chronic depression nor did she say that the daughter had been treated. Why did the sister call at this time? Mrs. T. did not ask for help and was a most reluctant participant in the interviews with HTS staff at which the sister was present. The sister was not living with the patient, but the part she plays in this family is clear from the patient's comment, "My sister has always been ambitious for me"; and then, "If only she had come to care for me a few days before I had to go to the hospital [for the kidney infection], I might not have become so ill." The patient also became very upset because her sister answered many of the questions which the nurse asked during the initial interview. Our first impression from reading the interview material was that the sister's tolerance had been taxed beyond endurance by the patient's most recent demands upon her; and that she wanted some relief from the need to care for the patient. The absence of the husband in all these transactions emphasized the sister's original statement that he was withdrawn. In the initial interview with the doctor (the second HTS interview), the sister insisted upon being the spokesman for the patient; at one point Mrs. T. said, "What's the use" and left the room. Then the sister's

own problems became clearer. She accused the patient of interfering with her life, saying that because of the patient, she could not make a life with her own husband. The sister then said: "I am sicker than she is and sometimes I have to come [to help her] even at night."

Two patterns in the patient's life became obvious. There was mutual withdrawal on the part of wife, husband, and child, with every member of the nuclear family seeming to go his own way. But the patient and her sister, who lived apart, were actively intertwined in a relationship which both resented and which neither could do without. The sister called for help for Mrs. T. when she herself felt the need most strongly. Mrs. T.'s depression was chronic, her demands on her sister were chronic, but the sister was finally overwhelmed by Mrs. T.'s requests at a time when, as we later discovered, the sister was under a seasonal work pressure. The case came to HTS, then, because the sister could no longer stand the strain and because there was an available service which would go to the patient when she herself was unable to cooperate.

The second case is that of Mr. P., a young man in his late twenties who is married and has a small child. Three weeks before the referral, his wife walked out, taking the child with her; the patient returned home to live with his aging parents. A sister, who is married and living outside the parental home, was the family agent. She found HTS listed in the telephone directory and called. The following information on the telephone call appears in our records:

Patient is a drug addict currently taking dexamyl. He goes on weekend binges, taking twenty-five or thirty pills at a time. Last Saturday he attempted to jump off the porch at his parents' home. He apparently wandered through the streets on Sunday and was

picked up Monday morning by the police for his odd behavior. The police reported that he bought a cup of coffee at one restaurant and took it to another restaurant. The police doctor examined him and called his family. He did nothing, suggesting to the family that the patient get some sort of treatment. Mr. P. hallucinates when he is on drugs. When he is not taking the drugs he is suspicious, thinking someone is following him around.

Mr. P.'s sister emphasized on the phone, "Something has to be done," and then continued: "His wife left him two weeks ago. I am quite sympathetic with her. My father has a bad heart, and I was afraid my father was going to have a heart attack on Saturday when he struggled with my brother."

When we reviewed the initial interviews with the family, during which the sister was present, the patient substantiated his sister's view of the difficulty. He elaborated on the difficulty he had in his marriage. His wife had complained of his strange behavior during these binges, just as his sister and parents had complained. She had said that she was completely "fed up," whereupon she had taken the baby and gone home to her family. The patient had had a very good work history. However, he admitted to absenteeism since his marriage but not until recently had he been threatened with dismissal from his job. There was the imminent danger that he might become financially dependent upon his parents.

In the initial contact with the family, it was noted that the mother had little to say while the daughter was present. Out of sight of the sister and the patient, the mother reported that they would be willing to hospitalize the patient if this were recommended. The sister was reported as being more direct and accusatory in her attitude toward the pa-



tient. She seemed to be more interested in the welfare of her parents than in that of her brother.

In the next contact with the family, as reported by the doctor and the social worker, the sister dominated the conversation, attempting to interpret for her parents (who are foreign born) and also arguing a good deal with her brother. At this point, with Mr. P. present, the mother rejected the possibility of hospitalization for him. His father seemed more amenable to the idea, while his sister was eager to cooperate with hospitalization.

It became apparent that this was not a new crisis. The patient had been addicted since 1953. He had been hospitalized at a state hospital two years ago after an automobile accident that occurred while he was under the influence of barbiturates. After he had spent eight days in the hospital, his family had taken him out, against medical advice, because he was so unhappy there. Eight months ago, Mr. P. had lost his driver's license as a result of being involved in a second automobile accident while driving under the influence of drugs. Again, no one in the family did anything about it. This, then, is a chronic problem of long standing but one which the parents had been unable to do anything about.

Why was the sister doing something in this instance? An examination of other events tells us. Between the two accidents, as we said, Mr. P.'s wife left him and he returned to the parental home to live. But P.'s father had in the meantime sustained a back injury at work; this, together with a heart condition, endangered his job reinstatement. The father's financial security was threatened because he had no adequate pension. Although the father was still looked up to as the head of the family group, P.'s sister was

finding it necessary to assume much financial responsibility and leadership. She was willing to help her parents; but she would not help or indulge the patient as the parents seem to have done. If she had to care for her parents, that was one thing, but she would not do the same for the patient. In addition, she wanted to protect her parents from the patient. The sister thus had become the parent surrogate vis-à-vis the patient and in this capacity functioned as the family agent. If the parents had not faced another crisis in their own lives, and if the patient had been living with his wife, no one would have done anything. A chronic intrapsychic problem with a relatively acute social situation was the phenomenon that provoked the call for help. This illustrates what we mean when we say that the request for help rarely resulted from an outburst of new psychiatric symptoms but rather from a breakdown or change in the interactional system of the family which pushed the family agent to call for intervention from an agency such as HTS.

The question which obviously comes to mind as one seeks to understand the implications of such a program is: Did HTS succeed in keeping patients out of the hospital? This is a question I cannot answer at this time. In view of our referral process we could not effectively demonstrate that our patients were really on the way to the hospital, and therefore we could not say that we had prevented hospitalization from occurring as a result of our intervention. The fact that this question remains unanswered is a limitation of this study.<sup>4</sup> However, it seems to me that HTS has demonstrated other kinds of values which have many implications for the care of the mentally ill.

<sup>4</sup> This whole question is the subject of another study which will be conducted by the HTS staff during the next three years.

As we look back at the diagnostic process and the picture we have of the family with a mentally ill member, we get an impression of their inability to communicate and to focus on their problem. Many families view any decision to hospitalize a relative as a traumatic event which they cannot bring themselves to face. They feel that hospitalization will stigmatize the patient; and there is also a terrible feeling of isolation on both sides as the hospital doors close behind the patient, shutting out the world of which he is a part. In the fact of the anxiety and guilt which arise when there is no alternative but to remove a patient from the home, the family often realigns its forces so that the patient may be permanently excluded from the home. For some patients this might actually mean that he would attain better mental health away from the family; for others, it means being assigned to the permanent population of the mental hospital. The combination of the patient's and family's negative conception of the hospital/and their inability to see or say clearly what the trouble is, leads to delay in asking for help until there is no alternative but to hospitalize because of some overt act of "violence." HTS avoids some of this delay by specifically exploring alternatives to hospitalization and planning the hospitalization only if alternatives fail. The family and the patient participate with HTS in every phase of the decision, and the isolation is minimized.

This view of the family raises another question: Does the concept of motivation as it is traditionally understood in clinics relate to this group of patients? These are patients and families who seem repressed and reticent with helping agents; they often break appointments; they fail to carry out treatment plans. They seem to be chronically

disorganized, distressed people. In a typical outpatient clinic usually the *patient* has to telephone, express a need for help, and make his own appointment. The staff seem to feel that this act is an important indication of his motivation for help. They tend also to consider that the problem lies with the patient alone. If the family does initially telephone, they are told that the patient must do so himself. Yet how can a very sick person telephone an agency, ask for help, and then accept and understand the complex diagnostic procedure and the waiting list? Families reported to us that although they recognized early that the patient needed this kind of help they could not get him to telephone, and then they felt even more alone and overwhelmed by their troubles.

What happened, then, in HTS? Out of ninety-three cases, in only twenty-three did patients participate in the request for help. Fifteen asked for help themselves, while the other eight went with members of their family to the referring agent. We did not delay in answering any call and we did not raise a question of "motivation." All we required was that someone open the door to give us entry to the home. We returned in spite of any resistance we noted on the part of the patient, and we focused on the problem for the family. We tried to help both patient and family when they were too confused to mobilize themselves to act.

In this kind of service, then, the ability of the patient to ask for help himself is not related to the fact that he will accept and make use of treatment. The importance of reaching out to these people by going to their homes is very important. As families saw that we really wanted to help and were available, at least partially, on demand, their defenses were lowered. In addition, if a service goes to the

home, there is no issue about whether the problem is in the family or in the patient; everyone in the family becomes involved in the most natural, comfortable manner possible under the circumstances. Rapport between the clinical team and the family develops more easily in the home setting. Here the family is in control and thus often feels less humiliated by the experience of asking for help. There is no desk, no formal, business-like structure to impose additional barriers. The barriers in the home can be of the families' own making. The interviewer can be seated by the family far away, across the room; a television program can be a distraction. But if the interviewer considers it desirable, he can suggest the intimacy of the kitchen table or perhaps a family gathering around the couch.

This kind of setting provides a much different clinical picture of the patient. The interviewer sees the patient in his home as a social being, with certain qualities and manners. His home is a reflection of himself, his values, his aspirations. For example, a living room which is not usually lived in can look sterile and ornate. Does the family have a special face for company? A family that has makeshift furnishings and no telephone poses the question of its economic security. The interviewer sometimes has to give the problem of finances first priority before suggesting any plan to the family. An important clue to the kinds of communication within a family is the existence of a place where a member can have real privacy. It is sometimes impossible to find such a place when one wishes to conduct a separate interview.

Home visiting puts a special burden on the professional worker. He is required to be at his ease in many different settings which reflect values quite different from his own.

He becomes aware of the patient and his family as hosts and cannot expect them to have the same social graces that he practices. Much has been written about the professional projecting his own values in understanding his patient. This is more difficult to do when the patient is seen in an environment which is so much a reflection of himself.

If further study verifies the hypothesis that psychiatric emergencies are related to a breakdown or change in family patterns of interaction, diagnostic procedures will have to include this kind of analysis on a more regular basis. An emergency home treatment service which directs its treatment to this breakdown in the family interaction rather than to the formal psychopathology of the patient may make for more immediate restoration of family equilibrium, shorter hospitalizations, and briefer treatment in the home setting.

## PARENT CONSULTATION

*by David Hallowitz,  
Albert V. Cutter, M.D., and  
Katharine Pitkin*

PARENT CONSULTATION IS A PROCESS carried on with certain kinds of parents. In from one to five joint interviews with these parents it is possible to get at the roots of their part in their children's difficulties and, with little or no additional help, go on to resolve the causative intrafamilial relationship problems. Since January, 1958, psychiatric evaluation of the child has been routinely recommended at the Psychiatric Clinic, Inc., in Buffalo, as a safeguard and as an instrument for furthering our work with the parents, although it is found to be unnecessary in about half the cases. Eighteen percent of the total clinic case load falls in the parent consultation service classification at the present time. These cases might otherwise have been afforded full diagnostic and treatment service. We have long felt it important to identify and define this grouping and process because parent consultation constitutes only one of the approaches to family treatment.

In our review of the literature since 1954, with occasional references before then, we found writings which border upon our subject. McClure and Schrier investigated, with positive findings, the assumption that:

in the case of fairly adequate parents of essentially healthy young children the difficulties in the child . . . generally reflect a difficulty in the parent-child relationship; further, that modifications . . . in the parents' handling of the child can lead to alleviation of the child's distress.<sup>1</sup>

This project was destined for preschool children whose difficulties were "of recent onset, not chronic, not multiple, not internalized"; and for parents with "relatively intact ego functions, ability to learn," and so on. Among the techniques used were "advice and guidance, clarification, listening (catharsis), and interpretation (on the threshold of awareness)." The work seemed to be done only with the mothers. Similar to this study was a project of the Group Health Association of Washington, D.C.<sup>2</sup> More recently, the effectiveness of working with mothers of preschool children and, in certain instances, with the parents of latency-age youngsters, has been reported.<sup>3</sup> Brief treatment services in certain child guidance clinics have some elements in common with parent consultation.<sup>4</sup> Usually, these brief treatment services are a structured, time-limited approach in which the psychodynamic principles of long-term therapy are applied to parents and child in an intensified way, which often results in their gaining clarification and understanding of their problems, new directions toward desired

<sup>1</sup> Dorothy McClure and Harvey Schrier, "Preventive Counseling with Parents of Young Children," *Social Work*, I, No. 2 (1956), 71.

<sup>2</sup> Bee R. Wolfe, "Some Aspects of Psychotherapy in Counseling Service to Parents of Young Children," *Mental Hygiene*, XXXVIII (1954), 430-46.

<sup>3</sup> Anne C. Schwartz, "Some Developments in Family Casework in Behalf of Children," *Social Casework*, XL (1959), 491-99.

<sup>4</sup> Evelyn Alpern, M.D., "Short Clinical Services for Children in a Child Guidance Clinic," *American Journal of Orthopsychiatry*, XXVI (1956), 314-25.



goals, and the impetus to continue working on their problems beyond the ending point. Family agencies undoubtedly do brief casework or counseling with parents that has points of similarity to parent consultation, but we could not find specific writings on this other than the footnoted references. Dr. Jessie Taft, for example, refers to the "relatively unexplored and uncharted area. . . of parent-child counseling which is defined and practiced in as many ways as there are family agencies."<sup>5</sup> She asks: "Is it necessary to see the child . . . or is it always a matter of reaching the child through the parents?"<sup>6</sup>

The essential differentiating features of parent consultation are:

1. Parent consultation is applicable to children of all ages.
2. The symptoms are often multiple, of long duration, and the cases bear a close resemblance to those that require full diagnosis and treatment.
3. Criteria and structure are not applied in a preconceived manner but are flexibly brought into play during the regular intake phase.
4. Mother and father participate equally and together in a joint three-way interactive process with the worker. (Parent consultation is also practiced with widowed and divorced mothers.)
5. The help given the parents is primarily in the realm of self-awareness and self-understanding.
6. Safeguards are rigorously instituted. Follow-up pro-

<sup>5</sup> Jessie Taft, ed., *Family Casework and Counseling—a Family Approach* (Philadelphia: University of Pennsylvania Press, 1948), p. 303.

<sup>6</sup> *Ibid.*

cedures, one of these safeguards, are systematically applied over a period of several years.

This discussion is based on a study of fifty parent consultation cases active in 1954 in which there has been periodic follow-up activity for at least two years and as many as five years. Except for the stipulation that these cases should be chosen from those handled by the senior staff members—in order to reduce as much as possible the variable of competence and skill—they were randomly selected. Twenty-eight (56 percent) were successful; eight (16 percent) partially successful, with residual problems; and fourteen (28 percent) failures.<sup>7</sup> Further service was offered to the fourteen failure cases; nine declined and five went into full diagnosis and treatment. A case was considered to be successful if the child's presenting problems cleared up as a result of the help given the parents and if he seemed to be adjusting well within the family, in school, and with other children. A case "failure" was defined conversely as one in which the parents were not really helped and the child's problems did not become resolved. (There is the possibility of undetected therapeutic gains in the failures, which might exist beneath the surface and which parents might fully use in later years, but these are ruled out for purposes of our study.) There is margin for error in the objectivity and reliability of the parental versions of progress or lack of progress, but in our best judgment this would be minimal. For the sake of simplicity, but also because our major concentration has been on the failures,

<sup>7</sup> These results are very close to those found by Doris L. Moore in her Master's thesis, "A Follow-up Study of Parent Consultation in a Child Guidance Clinic," which was done on our cases (University of Buffalo, 1957).

we have put together the successful cases and the partially successful ones, a total of thirty-six, to be compared with the failure group of fourteen. We feel fairly secure about the size of the total sample of fifty cases and with the figure of thirty-six successes in making statistical computations; but have felt less so with the smaller figure of fourteen failures. Even though here again there is margin for error, it is doubtful that the conclusions would be materially affected.

The findings and implications of the study of the fifty cases follow, with a previous study of 246 of our clinic cases<sup>8</sup> used for comparative purposes:

*Age of child; sex; ordinal position; age of parents; socioeconomic and educational status.*—No significant differences were noted between the parent consultation cases and the total clinic case load; or between successes and failures.

*Presenting problems.*—A wide variety of symptoms of emotional disturbance is contained in these fifty cases. Each child's symptomatic picture was crudely designated either as having an acting-out quality or a quality of internalization. Examples of symptomatic acting-out behavior would be: extreme defiance and control of parents; temper tantrums; belligerence, aggressive and destructive outbursts toward parents, siblings, teachers, and classmates; willful refusal to go to school or do schoolwork; stealing and other forms of delinquent behavior; fire-setting. Examples of internalization tendencies are: enuresis and soiling; masturbation; stuttering; functional headaches and stomach-aches; withdrawal and apathy; fears, nightmares, sleeplessness;

<sup>8</sup> Jack L. Roach, Orville Gurslin, and Raymond G. Hunt, "Some Social-psychological Characteristics of a Child Guidance Clinic Case-load," *Journal of Consulting Psychology*, XXII (1958), 183-86.

obsessive-compulsive traits. Particular symptoms, of course, can have both possible qualitative meanings, but we tried to assess this as best we could in relation to the child and to the family situation as a whole. Unscientific and questionable though this examination of symptomatic behavior is, our purpose was to find out by this procedure whether or not the children of the parent consultation cases resembled those who needed full diagnosis and treatment.

TABLE 1

<i>Age</i>	<i>Acting Out</i>	<i>Internalization</i>
3-6 years	8	3
6-12 years	12	17
13-16 years	7	3
Total	27	23

The total of 27 "acter-outers" (54 percent) is slightly higher than the "aggressive" group of the total clinic case load; 55 percent of the "failure" children were of the internalizing quality, compared with 44 percent in the successful group.

Putting aside these findings, it is self-evident that parent consultation children are, on the whole, definitely less disturbed than the treatment children. For example, if the symptoms suggest neurosis or prepsychosis, in actuality these prove to be either signs of the very early stages of the condition or completely superficial and illusory. The fact that in a relatively short period of time—a few weeks to a few months—the child not only gives up the alarming symptoms (without developing new ones), but becomes a happier and better adjusted child in every area of functioning, is evidence enough.

The conclusion of this particular line of inquiry is that on the basis of symptomatic picture alone, the parent consultation children do resemble the treatment children; but careful diagnostic work should show that, in reality, they are not nearly so disturbed. (This is borne out by our more recent experience during the past two years when we have been doing psychiatric evaluations.)

*Prior duration of child's difficulties.*—There was a wide scatter between "4-5 months" and "8 or 9 years" in the parent consultation cases:

TABLE 2

<i>Prior Duration</i>	<i>Percentage</i>	
	<i>Parent Consultation Cases</i>	<i>Treatment Cases</i>
Under one year	15	4
One-two years	23	12
Two or more years	62	84

Thirty-seven percent of the successful cases had a prior-problem duration of less than two years, compared with 25 percent of the failures.

The prior duration is shorter in the parent consultation cases than in the regular treatment cases; the same holds true in the comparison between the successful and unsuccessful cases, but the difference is by no means substantial.

*Parent problem areas.*—Here, the only comparison made was between the successful cases and the failures:

TABLE 3

<i>Problem Areas</i>	<i>Percentage</i>	
	<i>Successes</i>	<i>Failures</i>
Parent-child relationships	92	35
Marital disturbance and/or mental illness (plus parent-child relationship problems)	8	65

The parental problems in the successful cases are markedly less complicated and severe than in the failure group. (An additional factor in the failure group was unrecognized deeper disturbance in some of the children.)

On the basis of the foregoing analysis and interpretation of data it is now possible to formulate criteria for parent consultation cases. These criteria cannot be absolute and inflexible but are only a working guide; that is, there are exceptions to the rule.

1. *Child.*—The child's symptoms, even though they may suggest the beginnings of a neurotic or prepsychotic process, are not yet deeply ingrained but are principally reactive to weakness, conflict, and breakdowns in the parent-child and parent-parent relationships concerning the child. On the other hand, there are substantial areas of health and strength in the child. The age of the child and the prior duration of the presenting problems are not determining factors in the choice of the parent consultation approach. For example, this approach is effective with respect to the adolescent as well as to the preschool child, and it can also be effective where the prior duration of problems amounts to several years. However, it goes without saying that the younger the child and the shorter the duration of the problems, the better are the chances of a successful outcome.

2. *Parents.*—The parents are in basically good emotional health as individuals; and their marital relationship is sound for the most part. They genuinely wish to examine themselves and their part in the child's emotional difficulties. Moreover, they are capable of doing this securely and with a minimum of resistance and defensiveness. They are quick to gain insights, grasp concepts—on an emotional as well as an intellectual level—and to apply with conviction their new understandings. Although the parents feel

frustrated and angry with the child and themselves, on a deeper level they love him and care for him a great deal.<sup>9</sup> In other words, the breakdowns are in the superstructure of intrafamilial relationships. The foundation is a good one upon which the relationships can be repaired or reconstructed to the fullest potential. The age of the parents and their socioeconomic and educational level are not determining factors. However, on the basis of clinical impression, it is reasonable to assume that the younger parents would be more resilient and amenable to change than the older ones—parents in their early thirties, for example, compared to those in their fifties. Similarly, good intelligence, but not necessarily higher education and social position, is a favoring factor.

Let us turn now to the dynamics of the parent consultation process. In the intake interview with both parents together (or with a widowed or divorced mother) the worker arrives at presumptive diagnostic impressions about the child through evaluation of the current problems and symptoms, the origins of their development, and the significant medical and developmental history. He gains through discussion, and by direct observation of the parents and their interaction with each other, diagnostic impressions of the parent-child relationships, the parent-parent relationship, and the emotional health of the individual parent. By about the middle of this ninety-minute session, the worker makes the hypothetical determination that this particular situation approximates the criteria described above. Whereas in accordance with traditional clinic practice he

<sup>9</sup>David Hallowitz and Burton Stulberg, M.D., "The Vicious Cycle in Parent-Child Relationship Breakdown," *Social Casework*, XL (1959), 268-75.

might have taken the path of detailed history-gathering, extensive discussion of parental feeling about seeking help, and so on, he focuses instead upon the parental problem areas that seem to have caused and which currently underlie the child's difficulties. In spite of their problems and angry feelings toward the child and perhaps toward each other, the parents are helped to realize that they are not "bad" parents, that they have many good, healthy qualities on which to build. The confidence that the worker feels in them revives and reinforces their own self-confidence. He helps them achieve understanding on an emotional level of the ways in which they have contributed to the child's problems. Direct interpretation on a conscious and preconscious level is used in a supportive way. They are helped to formulate plans of action themselves, but specific direction and suggestions are also provided.

Mr. and Mrs. S. described Larry, age 11, as having been always rather quiet, introverted, a worry-wart and a perfectionist, but they did not become alarmed until eight or nine months ago. His neatness seems almost to be an obsession with him. He will arrange shoes in his closet, smooth out his clothes, make numerous minute adjustments of his music stand, straighten and line up papers, close all desk and bureau drawers so that they are just so. He has never been a disciplinary problem, had always been well-liked, but seems now to have reached a point where he has no friends and apparently no desire for any. The teacher likes Larry, but her patience has become quite exhausted with his puttering and slowness. He is always the last to start and the last to finish his work for fear of making a mistake.

Developmental and medical history was normal. We had previously learned<sup>10</sup> from the pediatrician that there have been no

<sup>10</sup> David Hallowitz and Albert V. Cutter, M.D., "The Pre-Intake Phase: the Beginning of the Intake Process," *Mental Hygiene*, XLIII (1959), 53-63.



medical or organic problems; and from the school, that the boy was of average intelligence and had performed adequately prior to the intensification of his difficulties during the past year. There was specific, though brief, discussion with the parents about their marital relationship and earlier family background, all of which seemed to be normal.

Coming to the realization that a parent consultation process might be applicable, the worker now focused upon the underlying problems in the parent-child relationships, and in the parents' relationship with each other as this affected Larry.

The worker asked the parents what they thought might explain the child's symptoms. Mrs. S. tentatively suggested that perhaps they have not been spending enough time with him. Talking about himself, the father said he does not have a close relationship with Larry. It has always been difficult to have the boy do things with him. For example, if the father is washing the car, Larry will not come over to help, whereas Nancy, age 6 years, will eagerly do so. Mr. S. recalled that when Larry was a young child, he would not go with him to take automobile rides. The worker wondered how Mr. S. felt then and now about this. Mr. S. replied that he used to feel angry and hurt but has since become completely discouraged. He felt badly about himself, thinking that there must be something missing in him that he could not have a closer relationship with his son. At first sheepishly, and smiling in an attempt to hide resentful feelings, he went on to talk about how he used to feel jealous toward his wife because she was the one who had the close relationship with Larry. The worker commented that Mr. S. is resentful, too, about this. The father then admitted that he does feel this way and, talking directly to his wife, asserted: "Whenever I am at the point that I want to talk with Larry about something, you are always right there ahead of me."

This kind of discussion led the parents to become aware of how Mrs. S. unwittingly got in the way of her husband's efforts to reach Larry in those earlier years and even at present. She herself had been feeling resentful toward her husband for not having a closer relationship with Larry, thereby leaving the burden of this to her. She thought that she had to make up for

her husband's weakness in this respect. It was a revelation to Mr. S. that his wife did not really wish to "shut him out" but, on the contrary, would be very happy to see a closer relationship come about between him and the boy. The worker took the opportunity to explain in simple terms the oedipal struggle Larry normally had in those earlier years and how this misunderstanding between the parents and the father's pulling away from him must have made it difficult for him to come through that stage of his emotional growth. The worker pointed out that Larry's apparent rejection of the father did not represent his true and deeper feelings; that Larry really has a great need for a relationship with him.

The parents said that they have been trying very hard with Larry, especially since they became worried about his symptoms. The worker had them tell what they meant by "trying." They explained that they were "pressing him" in regard to his schoolwork, his music, going out to play with other children, and so forth. The worker asked them how Larry must feel in reaction to these efforts on the part of the parents. They then realized themselves that, in not being able to come up to the parents' expectations, he may feel that they are disappointed in him and do not fully love him.

As Mr. and Mrs. S. talked about Nancy and her likable qualities, their eyes glowing with pride, the worker pointed to the difference he observed in their feelings for Nancy as compared to those for Larry. They could see this but asserted that under the circumstances they could not feel otherwise. Mrs. S. said: "I guess Nancy has the inside track." The worker commented on the humanness and naturalness of the preferential feeling that has come about within them toward Nancy.

The worker suggested that because Larry is a worrisome problem they tend to look only at the "black" side of things. "Doesn't Larry have some good qualities?" he asked. Spontaneously and with real positive feeling, they talked about how considerate Larry is, how talented he is musically, how basically intelligent he is, how likable a boy he can be. The worker wondered where Larry acquired all these good qualities. Laughing, the parents guessed that they must have had a lot to do with this themselves.

The worker underscored what they were saying, pointing out that they do have a lot of good stuff in them as parents for Larry to have these good qualities.

The parents began to think together what they could do from this point onward to improve their relationship with Larry. The father narrated a very recent incident wherein Larry responded to a suggestion that the boy help him paint his room. Larry did so, much to the astonishment of the father, and the two had an enjoyable time. The worker used this incident to suggest that father and mother try to find ways of getting through to Larry, doing things with him, talking with him. We planned together on our seeing Larry for psychiatric evaluation in a few months, and the worker's meeting with them again at that time.

Psychiatric evaluation and further interviews with the parents were subsequently declined. The mother, in an extensive telephone conversation, reported substantial clearing up of symptoms brought about by their application of the understandings they had obtained. Periodic follow-up telephone contact showed complete resolution of the presenting problems at the six-month point—sustained thus far for five years.

In this case several underlying parental problems were dealt with directly and dynamically: the distance and estrangement between father and son; the confusion and subconscious conflict between the parents in the oedipal area; the resultant accumulated frustration and resentment in the parents; Larry's inability to satisfy the high expectations of the parents; the parents' negative feelings caused by the boy's worrisome and annoying symptoms; and the more positive feelings they have for the younger daughter than for Larry.

In the other successful cases, additional parental problems were also effectively dealt with through direct and dynamic discussion.

Lack of development or breakdown in the relationship between father and son was a major problem considered in

eight cases. A frequently recurring factor in these cases was that of the father feeling rejected by the child and reacting with counterrejection and discouragement. In addition, one father was deeply disappointed in the lack of athletic physical makeup, inclination, and ability in his son. Another father, as pointed out by his wife, acted like a supervisor in a business firm in dealing with his son. Another father became aware that he was very authoritative and strict with his son because that is how he himself was raised.

Weakness in parental discipline is a frequently occurring problem. The reasons vary from case to case, but it is important to get at them. A father who felt that his wife was too strict was excessively lenient and permissive to counterbalance this. The ill feeling that grew between the parents was displaced upon the child. In another situation, the parents had been unable to have a child for eight years. When they were finally successful, they were extremely anxious and overprotective. Consequently, the little girl developed a pattern of extreme demanding and controlling behavior to the extent that by age four she was the complete ruler and master of the house. A similar situation developed with two adoptive parents. Still another facet of overprotectiveness was seen in the case of a child who had had a serious accident and almost lost his life.

A father and mother were concerned over "effeminate" tendencies in their nine-year-old son, manifested by his association only with girls. With the mother's help as well as that of the worker, the father brought out his troubled feeling that maybe he had an effeminate streak and that his son was taking after him. The unrealities in his perception of himself became quite clear to him, with considerable help from his wife. A widowed mother feared that too close a

relationship with her son would result in excessive feminine identification and consequent damage to his psychosexual development. As a result, she went to the extreme of not showing him any affection. A divorced mother came to the sudden realization in the interview that she had feelings of hatred toward her son because he looked so much like his father.

In the cases that were unsuccessful, there would be similar dynamic content in the interviews which misled the worker to think that this would produce positive results. He would then be disappointed to find that there was either temporary or sporadic specific improvement, with eventual complete return of presenting problems, or no improvement whatever. The basic trouble lay in the incorrect evaluation of the parents and child. For example, in one of the failure cases, the ups and downs with respect to the child's presenting problems continued for about one year, during which there were intermittent sessions with the parents—still of a parent consultation bent. The worker finally realized that there was a deep and chronic marital conflict and that the mother herself was sufficiently disturbed to require intensive psychiatric treatment. In reviewing the record, it was fairly clear that the worker should have been able to arrive at a presumptive family diagnosis and a presumptive diagnosis of the mother early in the contact, which would have been close to the true situation. The plan should have been that of treatment of the child and parents, with special attention to the mother's psychopathology. One lesson which we have learned from such cases is that when we do not see progress within at most a few months, we have to look for deeper disturbance in the marital relationship, the individual parent, or the child.

The paramount importance of effective safeguards can now be seen clearly. Psychiatric evaluation of the child as an integral part of the parent consultation process establishes the nature and degree of the child's disturbance. If this is found to be a reactive disturbance in accordance with the criteria pertaining to the child, that fact adds substantially to the worker's feeling of security in pursuing the parent consultation approach; and it is also reassuring to the parents. Since the parents are seen concurrently during the two appointments that the child has for psychiatric evaluation, further opportunity is provided for the worker to extend and deepen his diagnostic understanding of the individual parents and their relationship with each other. Moreover, it gives him additional opportunity to test out what the parents can accomplish with the understandings they initially gained. All of this is carried forward an additional step when psychiatrist and worker meet together with both parents in the summation interview. The psychiatrist, now having a direct contact with the parents, constitutes an inherent check on the evaluation of the parents thus far. Even though half the parents in the parent consultation group find that psychiatric evaluation is not necessary, this safeguard nevertheless is always available for use and would be strongly recommended if the parents falter in the progress they believe they have been making.

Additional interviews beyond the summation interview are scheduled when necessary. At the point when the parents feel ready to continue completely independently, we take the responsibility for systematic follow-up contacts, which are made mostly by telephone interviews. The weaknesses of this method consist of the possibility that a parent may try to conceal adverse developments as a self-protective

measure or out of a need to please the worker; that a parent might be in a generally bad mood or momentarily upset by happenings with the youngster so that her statements might be more negative than the situation warranted; and that a telephone interview certainly is not so good as a face-to-face interview in terms of actually being able to see and deal with parental feelings. On the positive side of the ledger is the fact that a working relationship has been established which encourages openness and frankness on the telephone; that the worker does not stop with the parent's opening remark, "Everything is fine," but checks specifically into the child's and the parental problem areas; and that the worker usually can tell pretty well whether or not he is getting an adequate picture of the current situation. The telephone interview calls for open-mindedness and objectivity on the part of the worker which, in turn, intangibly encourages open-mindedness and objectivity in the parent. On the other hand, an attitude of wishful thinking on the part of the worker could result in the parent's telling him only what he would like to hear. At best, the telephone interviews are only good indicators. Parents are invited to come in for regular interviews when the worker has the feeling that this should be done.

Conferences between the worker and the psychiatrist who evaluates the child, supervision, and consultation are also vital safeguards.

The parent consultation process requires a worker who has had considerable experience with parents and children, if he is to be able to make presumptive diagnoses of the child and family in accordance with the above criteria; whose orientation contains the conviction, necessarily based on experience, that it is possible to reach these kinds of

parents relatively quickly and profoundly; who is creative, flexible, and able to think on his feet, so to speak; and who has a considerable amount of professional security and maturity. Yet, the safeguards make it possible for the less experienced staff member to learn this complex and difficult process.

Given the effective application of the criteria and the effective implementation of the safeguards, parent consultation takes its place as one of the several closely connected and interrelated approaches to family treatment.



## GROUP WORK IN A PSYCHIATRIC HOSPITAL

by Minnie Maude Harlow

SOCIAL GROUP WORK has a long history. In a sense, its history is as old as man, who has attempted to satisfy his basic need for sociability through voluntary and informal association. As one of the methods of the social work profession, however, group work is only a little more than a generation old.

If we were to look back in the social work year books, many of us would be surprised that, in the first of these books, published in 1929, there is no article on the subject of social group work. In the 1933 volume, only twenty-eight lines are given to the subject! In the third *Year Book*, published in 1935, social group work is described as being "equivalent to the field occupied by leisure-time agencies."<sup>1</sup> The article goes on to say that the workers within the leisure-time field accepted the term "social group work" to designate the work done with "clubs or other small groups which have a more or less permanent membership in relation to which conscious efforts are made to use the processes developed in the best systems of progressive education."<sup>2</sup>

It was not, however, until the 1937 *Year Book* that a defi-

<sup>1</sup> "Social Group Work," in *Social Work Year Book, 1935*, ed. Fred. S. Hall (New York: Russell Sage Foundation, 1935), p. 458.

<sup>2</sup> *Ibid.*, p. 459.

nition of social group work appeared. This was written by Grace Coyle, whose name has long been associated with group work and who continues to be one of the acknowledged leaders of our profession. In this definition she states: "Group workers believe that such group experience provides a medium for the social adjustment of individuals, and the development through experience of socialized attitudes."<sup>3</sup> In the 1945 *Year Book* may be found a shorter although no less pertinent definition of social group work as "a method of personality development in which the group itself is utilized as the chief tool."<sup>4</sup> In fairness, one should note that in all these early definitions of social group work it was always emphasized that the group was primarily concerned with providing creative experiences for so-called "normal" persons. In other words, group work was not conceived as a form of therapy for disorganized personalities. Nor is this its primary function today. What, then, is social group work in a psychiatric hospital whose clients are patients who have experienced such a widespread breakdown in their social functioning that they have to be hospitalized for their own, as well as for others', welfare?

Over the past fifteen years in the sessions of the National Conference on Social Welfare (NCSW) we have all heard many points of view about social group work discussed and debated. In looking back, it seems that almost before social group work was out of its swaddling clothes, almost before it established its identification as one of the methods

<sup>3</sup> Grace L. Coyle, "Social Group Work," in *Social Work Year Book*, 1937, ed. Russell H. Kurtz (New York: Russell Sage Foundation, 1937), pp. 461-62.

<sup>4</sup> Dorothea F. Sullivan, "Social Group Work," in *Social Work Year Book*, 1945, ed. Russell H. Kurtz (New York: Russell Sage Foundation, 1945), p. 421.

of the social work profession (which was not made official until October 1, 1955), it had to begin dealing with major and perplexing questions about itself and its practice.

In 1957 Clara Kaiser, speaking to the NCSW on the "Characteristics of Social Group Work," stated that "one of the most important concepts which distinguished social group work from other fields of practice is the focus of the practitioner on working with groups of individuals rather than with individuals in groups."<sup>5</sup> This concept of dual focus on group and individual processes is a very complex one in practice, and, as she pointed out, "there is no full agreement as to its application." To substantiate this disagreement, Miss Kaiser quoted the definition of social group work contained in the *Questionnaire on Practice of Group Work*:

Social Group Work is defined as a service to groups where the *primary* purpose is to help members improve their social adjustment and the secondary purpose is to help the group (whatever its structure) to achieve objectives approved by society.<sup>6</sup>

Although Miss Kaiser protested the distinction between primary and secondary purposes of social group work, pointing out that it contradicts the concept of the indivisibility of individual and group goals which, to her, was the most distinguishing characteristic of group work practice, she seemed to concede that such distinctions may be applicable to social group work practice in a psychiatric setting. Gisela Konopka implied this also when she wrote that in a psychiatric hospital where the focus is on the individual patient

<sup>5</sup> Clara A. Kaiser, "Characteristics of Social Group Work," in *The Social Welfare Forum, 1957* (New York: Columbia University Press, 1957), p. 164.

<sup>6</sup> *Ibid.*, p. 165.

and helping him to recover or improve, the group work method places less emphasis on the group goal than it does on individualization.<sup>7</sup>

To place more emphasis on the individual and less emphasis on the group is, I believe, fallacious and depreciating of the social group work method. I do not believe that in a psychiatric hospital, any more than in a settlement or in a social group work agency, one can separate or divide process. To do so would be akin to splitting a coin in order simultaneously to present its two sides. Further, the purpose of group work is not to place emphasis on either the individual within the group or on the group as a whole, but rather to *enable* individual development *through* the group. By this I do not mean helping the individual adjust to the group or the group adjust to the individual.

Although it is true that in social group work practice the techniques employed must be used flexibly and judiciously within the structure, purpose, and function of the agency, basic concepts and principles of social group work practice need not in any way be sacrificed. Nor can there be any violation of the basic values which underlie these concepts and principles: respect for human beings and the right of self-determination.

I would like briefly to recall some of the concepts related specifically to "groups" and the principles which Gertrude Wilson presented in 1956:

1. A group is the interaction of a collection of human beings.
2. All groups are alike and all are different.

<sup>7</sup> Gisela Konopka, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting," in American Association of Social Workers, *Group Work in the Psychiatric Setting*, ed. Harleigh B. Trecker (New York: Whiteside, Inc., and William Morrow & Co., 1956), p. 23.

3. All groups have a purpose, not necessarily conscious, which is expressed in the substance of the interaction.
4. All groups originate either as "psyche" or "socio" groups; the first drawn together for purposes of personal satisfaction and the second, because of an external educational interest or common task.
5. All groups experience conflict and exercise controls—the equilibrium or homeostasis of the group.
6. All groups have two kinds of structure: (a) interpersonal relationships seen as the process of acceptance creates isolates, pairs, and triangles; and (b) division of labor through which roles are assigned to "get things done."
7. All groups use a decision-making process based on elimination, subjugation, compromise, integration, or combinations thereof.
8. All groups reflect the social status system of the community and create one of their own in its decision-making processes.
9. All groups develop morale or *esprit de corps* which distinguishes each from all others.
10. All groups tend to develop traditions.<sup>8</sup>

The following are the social work principles based on the aforementioned concepts. The enabler:

1. Respects all human beings and their social organizations through respecting their right to manage their own lives.
2. Accepts each individual and group as unique and the right of each to be different from every other.
3. Feels with individuals and groups without necessarily feeling like them.
4. Adjusts his behavior to his understanding of the behavior of the group.
5. Accepts and handles negative and positive feelings for the benefit of the group.

<sup>8</sup> Gertrude Wilson, "Social Group Work Theory and Practice," in *The Social Welfare Forum, 1956* (New York: Columbia University Press, 1956), pp. 150-51.

6. Diagnoses where the group is and helps it to move on from there.
7. Supplies the group with needed factual material and helps it to recognize issues without indicating solutions.
8. Stimulates the group to consider implications of issues and new horizons.
9. Supports the group in making and carrying out decisions consonant with individual and social welfare.
10. Recognizes the structure of interpersonal relations as an influential factor in group decisions.
11. Helps the group to divide responsibility and involve as many members as possible in planning and executing a program.
12. Respects and uses the structure established by the group for division of labor.
13. Expects conflict and helps the group to use it constructively.
14. Accepts the role of authority, when necessary, without passing judgment.
15. Understands the social status system of the community and neighborhood and helps individuals to live with it or to change it, when change is necessary to safeguard the right of self-determination and the welfare of the community.<sup>9</sup>

A decade ago, some of the values for the inclusion of the social group work method in psychiatric hospitals were presented at the NCSW.<sup>10</sup> These included:

1. The group could serve as a substitute for other associations which the patient was denied during his hospitalization, thus providing him assurance that his previously acquired skill in relating to others could remain intact.
2. Group associations provided patients opportunity psychologically to support others having similar difficulties, to

<sup>9</sup> *Ibid.*, pp. 151-52.

<sup>10</sup> Marion Robinson, "A Report of Section and Associate Group Meetings," in *The Social Welfare Forum, 1950* (New York: Columbia University Press, 1950), p. 253.

provide mutual stimulation and encouragement in the re-training process or in making certain necessary adjustments and modifications in their usual mode of living and in helping the patient to prepare for his return to community life after recovery.

These values inherent in voluntary and formed group associations still hold good today, even as they have been deepened and broadened through continued experience in practice within the hospital setting.

Dr. Karl Menninger has pointed out that young psychiatrists:

seek specific therapies instead of ways to help their psychiatric patients to better modes of living, to better social adjustment, to greater utilization of latent powers. We would rather have them think of the patient, not as one afflicted with a certain *disease* which they must *name* and then battle with and attempt to dispel, but rather as a human being, one somewhat isolated from his fellows, one whose interactive relationships with them have become mutually unsatisfactory and disturbing; to this he has reacted in various ways, all *intended* to salvage the situation and insure survival, even at the cost of social acceptance.<sup>11</sup>

It is important that we recognize that a hospital community is like no other. A psychiatric hospital is a treatment center for disturbed and disturbing individuals. Without exception, their illnesses have been reflected negatively and often destructively in interpersonal relationships. The hospital is also "protective" in a sense since it withdraws its patients from some of the stimuli and stress of family and community life. In this specialized treatment community many necessary treatment devices are used to give the patient's ego a chance to regain its functioning. The treatment

<sup>11</sup> Karl Menninger, M.D., et al., "The Unitary Concept of Mental Illness," *Bulletin of the Menninger Clinic*, XXII (1958), 10.

is planned by professionally trained personnel who have medical authority and responsibility. This is one of the differences between a psychiatric hospital and a social agency.

In other words, one of the major differences for the social group worker in a hospital setting is that he is not an independent practitioner to the same degree that he would be in a social agency. In a group in a settlement, for example, the goals are formulated by the group members within very broad limitations of the structure of the agency itself. In a hospital, the group goals may be quite restricted and may be limited by the individual patient's treatment needs. Not only must the social group worker in the psychiatric hospital setting know the treatment plan for each individual patient, but he is limited in encouraging participation beyond that prescribed by the physician for the patient. In addition, the group worker, as a member of the psychiatric treatment team, must integrate his treatment plan with the patient's over-all treatment plan, in the formulation of which, it should be emphasized, he has participated. A third difference which relates to the less independent functioning and the integration of treatment, is that of being required to operate on so many fronts. Not only does the worker work with the group and the individuals who compose it, but he must maintain contact constantly with the individual's hospital physician, the nurses, the adjunctive therapists, the social caseworkers, and also the clinical director as well as, on some occasions, the dietitian and other personnel. Such contact is required if communication is to be effective and the way clear for the patient or patients appropriately to carry out and discharge responsibility delegated by the group. Irrespective of these differences in functioning, the practice of group work is basically the same as it is



in any other setting. The group work function is necessarily a different function inasmuch as the psychiatric hospital imposes different limitations and offers a different structure from those of a traditional group work setting.

Within the psychiatric hospital structure adequate provision is made for the treatment of the individual in a one-to-one relationship. The patient's psychiatrist, caseworker, nurse, and adjunctive therapist have special skill and knowledge of the use of their relationship with the patient. The unique contribution of the social group worker to the psychiatric hospital, however, is his skill in enabling individual development through the use of the group. His focus is on working with groups of individuals rather than with individuals in groups. The social group worker also has an individual relationship with each patient, but the focus of these contacts is on the patient's use of the group.

Since no two psychiatric hospitals are alike, the specific group work function may differ from hospital to hospital. The group work program is dependent primarily upon the nature of the institution and its own as well as the outside community resources. In order to develop any kind of group work program in a hospital, one must know and understand, then, the total hospital environment, the cultural background of its patients, the hierarchical system of its treatment personnel, as well as the many other peripheral factors which may or may not influence its treatment program. It is also necessary that one understand the underlying psychiatric philosophy which should permeate the total treatment program as well as define the possible treatment goals. For example, if the hospital is maintained for the chronically mentally ill, the goal of group work practice would be somewhat different than in a hospital whose aim is to-

ward an early return of the patient to the community.

Social group work with patients requires special skills, sensitivities, and understanding of the dynamics of each individual patient and each patient group, as well as the interaction between the patients and the various patient and staff groups. In addition, the group worker must assume responsibility for what happens with each of his groups and how it affects each member, and his multiple and complex relationships with all persons who also have responsibilities in his treatment. For example, at the C. F. Menninger Memorial Hospital, we have the chief of staff, the hospital director and his assistant, the section chiefs who supervise the hospital physicians, and the hospital physician who prescribes the patient's daily living program. In addition, we have the nursing staff, the adjunctive therapy staff (occupational therapists, recreation therapists, music therapists), the psychologist, the caseworkers, and all other persons who interact with the patient in various capacities.

Our basic responsibility is to each individual in the group, to enable him to use the group not only so that it meets his social needs and contributes to his therapeutic endeavor, but also to effect the process so that the hospital group life constitutes a therapeutic milieu.

There are times when an individual's needs may interfere with the interests and desires of the group as a whole. For example, in a group of patients on the most restricted ward there was a young patient whom we shall call Mrs. Smith. Her illness was so severe that contact with other people was frequently overstimulating both for her and for them. In addition to prescribed activities, she was permitted to spend one hour each day in the lounge. However, she made use of this hour only one day each week, when floor

meetings were held. Although she seldom participated in the floor meetings, she was always waiting near the door when the group worker entered the ward. Initially, her response to the worker was minimal, but gradually it expanded from a slight smile to a shy verbal greeting. Finally, after one meeting, the patient asked the worker if she might try out a question on her: "Could she spend her hour in the lounge with others without a TV program?" The worker suggested that she talk about it with some of the patients before their next meeting. When the worker went to the ward the following week Mrs. Smith was again waiting. She had not discussed her question with the other patients but had decided instead to ask the group itself. Their response varied from "I wondered why you spent your hour each day walking up and down the hall" to "I'd be glad to give up my favorite program if you would join us." As a result, the group reviewed the daily program, and together it was decided that Mrs. Smith could be in the lounge at a time when the television set would be turned off. Before the next meeting, Mrs. Smith's hour was a favorite topic of discussion among the patients on the ward, and gradually the television set was turned off for longer periods each day. Patients made use of Mrs. Smith's hours for doing special things, for working together, for reading, for knitting, and for talking.

The staff might have accomplished the same end by automatically deciding that the television set should be turned off whenever Mrs. Smith had her hour in the lounge. But this would have caused multiple problems in patient interrelationships, between staff members, and between staff and patients. By encouraging and supporting Mrs. Smith to present her question to the group, by supporting the indi-

vidual responses to Mrs. Smith, by using Mrs. Smith's question as an appropriate one for group action, the group could take hold and move toward changing their community life so that it was more satisfactory for everyone and furthered individual and group communication.

Thus, Mrs. Smith used the group to meet her own social needs, which contributed to her therapeutic endeavor, and also the group life on the ward became a more therapeutic environment. The patients were no longer just "sitting and looking at TV," communal living was different.

The groups which have been formed in our hospital are parallel to many found in the outside community. Such groups are essential in a psychiatric hospital, I believe, since one of the manifestations of the patient's illness is associated with a breakdown in capacity to cope with problems of community life. These groups offer voluntary opportunities for the patient to strengthen his capacities to work, live, and play with others in a socially acceptable manner.

Our groups are the following: first, the governmental or elected representative group; second, the closed group which selects its own members; and third, the open-end groupings which can be likened to city recreation programs or others which have only minimal criteria for membership.

In our hospital, the governmental group is called the Patient Council. Members are patients nominated and voted on by the patients with whom they live. Their function is to assume responsibility for representing them in the council, which has as its assigned task that of calling to the staff's attention matters of mutual interest and concern about daily problems of living. The relationship between staff and council is a reciprocal one. Being elected to represent one's fellow patients gives status to the patient within

his particular living unit and tends to strengthen his feelings of self-esteem. In the council, the patient's feelings toward authority are highlighted around discussion of policy which affects their daily living. This occurs during each meeting as the patient seeks to establish a working relationship with the other members of the council. In the council, patient identification with the administration of the hospital begins to emerge, yet at the unit meetings this same patient may often be fearful of the angry feelings his group may express if he has not been able to accomplish his assigned task. The group worker's participation at unit meetings helps the patient to express the more positive side of his group's ambivalence and to appeal to the strength of his constituents in the unit meetings. In summary, the council provides the member three particular areas of relationship experience: (1) his relationship to the group in the council; (2) his relationship to the hospital staff; and (3) his relationship to those whom he represents.

The social worker's role in the council is to effect the total process so that it enhances both the individual patient's treatment and the treatment of the patient group as a whole. This group affords an opportunity for the staff to recognize and deal with the negative influences stemming from the natural associations of patients; for many themes of their discussions become a part of the council meeting and thus provide a vehicle for working openly with them.

This council structure also permits as much voluntary participation as possible. We all know that any individual is usually able to assume more responsibility for himself and others if he is given some opportunity to decide whether he wants to be a part of the group. Most hospitals have prescribed programs; while this is essential, I believe that

treatment should also include some opportunity for the patient to take part in activities as a result of his own choice. In any group there are certain minimal qualifications for membership. It is appropriate to help the membership determine its own qualifications, and in our hospital certain qualifications or policies have been established by patients and staff. Therefore, each of the groups described here has some particular form of membership requirement. The Patient Council representatives are selected by the patients from their respective living units; however, before a representative can be elected by his constituents it is necessary that he secure the approval of his physician. This is an important membership limitation if the group is to be used therapeutically.

John, a young patient who had a long history of seeking election to groups in his community, tried to do the same in the hospital. In many community groups he soon became the chairman and then would reign with an iron hand. This autocratic behavior and lack of regard for those around him eventually led either to disintegration of the group or to his "impeachment." Because he had responded to such action with various forms of delinquent behavior, soon even the delinquent gangs rejected him. In the hospital, his first nomination as unit representative was denied by his physician. This strained the relationship between them. After his physician had clarified many of the feelings involved, John was again nominated as representative, this time with approval from his physician. The unit meeting and the council meeting became for John a testing ground where the group worker knew and understood the nature of the young man's problems and his misconceptions of his role which were manifested by his behavior. The worker also

learned from the doctor that John had real potentialities for leadership, and he gave these appropriate recognition.

As John's term of office was approaching the end, some of the goals which he had set for the group had not been achieved and he felt that unless they were he would have failed. Recognizing these mounting tensions, the physician and the group worker devised a plan whereby the worker would recognize with John her knowledge of some of his previous failures in groups and assist him in comparing these. In these discussions, John made a descriptive analogy of the experiences, saying that in his earlier group experiences he was like a freight train with an irresponsible engineer who was only interested in getting to the end of the line at any cost. He felt that his membership on the council, however, made him feel like the engineer on one of our luxury trains and he had observed all of the "caution, slow, and fast signs," making certain that his time schedule was accurate but, more important, that others suffered no undue consequences. Now, however, at the end of the line, it looked to him as if his train were going to be late and he had forgotten his concern about the group; he only wanted to arrive on time. The interpretation of this metaphor was clearly within the province of the physician; the group worker used it with John to clarify the problem he was having as a leader and the unrealistic expectations he had of the patient group's ability to modify to such an extent during the length of time he was chairman. John was then able to relax and proceed in an orderly fashion. Immediately, his status within the group resumed its high position and, much to our surprise, the goal which he had worked on so strenuously was achieved before the end of his term of office.

Working with a council group, one needs to have an understanding and appreciation also for the other disciplines and many of the problems which daily confront them. However, it is important for the group worker to be removed in so far as possible from any specific responsibilities for hospital management. I do not mean to imply by this that the group worker should avoid responsibility for pointing out the problems that patients struggle with in their daily living with others. If the group worker had authority to make decisions, it might tend to limit group discussion, which in turn, might then place the group worker in the position of being either the "good" or the "bad" parent to the group. Without direct responsibility for policy decisions, the group worker is thus free to help the patient group explore their needs more creatively. The following example highlights some of the problems inherent in the integrative treatment approach to patients which so often is misunderstood and results in irrational professional conflicts.

In recent months an attempt has been made to encourage our patients to take additional responsibility for their evening activities. The patients and nursing aides in one of the living units began playing volleyball on the evenings when no adjunctive therapy staff members were on duty. Soon, through the Patient Council, another unit asked to join them. After some discussion a plan was worked out so that their wish could be met.

After the two units began playing together, it was observed that the number of minor accidents rose sharply. At a council meeting, the chief nurse expressed concern over the increase in accidents and asked if the patients could do something to "control the exuberant play." She pointed out



that these accidents seldom occurred when the adjunctive therapists were responsible for the evening or assisting with the volleyball games. Aware of the "special social interests" which some of the patients had for those in the other unit, one immediately suspected that their "exuberance" was really "showing off" or "acting out." The patients talked about the problem in their respective unit meetings, and the accidents decreased somewhat. However, some of the patients were still troubled.

The group worker talked with the adjunctive therapists, the nurses, and the aides, as well as with some of the patients, about what they thought was going on during these evening volleyball games. It became clear that while the aides knew how to play volleyball, they had never had to referee the game in accordance with the rules followed at this particular hospital. The therapists were concerned about this but felt that they should not tell the aides that they did not know how to handle the patients in such situations. Some of the patients were bothered because the aides were not following the rules previously used. The rules had been no problem for the aides because they had not realized that there was any difference between the ones they followed and those accepted by the therapists.

Here we have the makings of some interdepartmental conflict, all over volleyball rules. The council again considered the problem and recognized the lack of clarity about the volleyball rules. The council decided to have an article on the rules published in the patients' paper. Once everyone knew the rules of the game, the patients no longer tested the aides. The aides then felt secure since they knew the procedures accepted by the other department. In this situation, the group worker made no policy decisions but rather

implemented the use of discussion, clarification, and a plan to disseminate essential information which would preserve the collaboration of staff so vital in a therapeutic milieu. In fact, the patients were an essential part of this collaborative endeavor.

The second type of group, the closed group, is similar to a fraternal organization. We call it COTA, or Committee on the Activities. Its responsibility is to plan recreational activities for the patient group to enjoy two Friday evenings each month. Its membership is determined by the group's choice and the physician's decision as to whether such an experience would be helpful to his patient. Three principal criteria used by the patients in determining their choice for membership are: (1) the patient has something to contribute to the group; (2) the group has something to offer to the patient (sense of belonging, working with others, sharing responsibility, completing tasks); (3) the membership is representative of the current age groupings within the hospital.

The planning, preparation, and final cleanup after the activity provide opportunities for social interaction while at the same time serving the recreational needs and interests of a diversified patient group. COTA must plan activities which will encourage the isolates to participate, and other activities which will interest the patients who are more socially organized. The committee, then, of necessity, must think of others and must assume responsibility for helping all patients to engage in activities which will minimize their difficulties in relating socially to others.

COTA is recognized by patients and staff as one of the high-status committees within our hospital. Its status has been gained through conscious consideration of others. In

each party or activity which they plan there is something for everyone—a game, for example, which will allow an individual to be alone and yet together with others in a common endeavor.

Membership in COTA is often frightening to the individual patient, especially to those who feel that they have limited social assets. For example, a young patient who had been an isolate throughout her hospital experience was invited to join the committee; she had never attended a COTA activity since she was very fearful of social situations. The committee thought they could help her achieve a sense of being needed and wanted. The patient was able to express her apprehension to the group worker but was willing to see "if they could put up with her for a time."

When the patient was excessively disturbed she would, in a low tone, hoot like an owl and ruminate with similar sounds while she was drawing owl-like figures. At one of her early meetings, the committee was preparing for a Halloween party. Though the staff had been told to discourage the patient's owl-like expressions, the social group worker, in discussing this with the physician, thought that such expressions could be channeled into a socially acceptable activity around the usual Halloween motifs. When the committee was preparing decorations the patient, without awareness, made hers into an owl-like face. Several members of the group who were sensitive to her bizarre mode of expression appeared anxious until the worker commented on the owl-like decoration, suggested that it be completed, and wondered what the group thought about a second owl so that they could be balanced in a predominant place on the evening of the affair. The anxiety in the other patients diminished; the patient looked at the worker with

surprise as the group quickly gave their approval. This was the last owl-like expression that the young woman made in the group. The patient has since joined the members of the committee for lunch and has widened her circle of friends or associates. The hoots are no longer reported by other members of the staff. This change came about not only because of the environmental manipulation, but also because the environmental manipulation opened the way for catharsis with the therapist.

A third type of group, the open-end, is best illustrated by the Outpatient Club. Membership to this group was determined by patient-status; that is, the individual was either in day hospital or in outpatient treatment. Not all patients in these categories needed this club and the type of experience which it made available to its members. At any given time, only a small group of these patients were members or active participants. It is of interest, too, that the patients who were most active in the club's program were those who were having difficulty in separating from hospital life, which had offered them a meaningful experience, and others who, never hospitalized, were lonely and felt isolated in a strange community without their family or previous associates. These patients were most dependent, and it is natural that they would have difficulty in finding an environment which offered them security and gratification, where they could work with others on their problems of social relationships. In a sense, the Outpatient Club served as a "half-way" group or a protected social experience for these patients until they were able to establish themselves again in the community. As such, the club fulfilled a valuable purpose, providing the patients a point of contact with others, a refuge, if you will, from the more demanding so-

cial life of the community. As this club functioned over the years, members helped each other resume appropriate social responsibility. The club served also as a testing ground for patients who were just beginning to live away from the hospital.

As members helped each other in the Outpatient Club activities, as they gave encouragement, support, and recognition to the effort they were all making to reestablish themselves in community life, it was obvious that their help often went further than the club itself. The club existed during the period when Topeka was not yet ready to accept psychiatric patients as full-fledged members of its community. Therefore, patients had a real need to band themselves together, not only as a kind of self-protecting device, but to meet their common needs for social relationships.

The problem was twofold: the patients' need for assistance if they were eventually to become members of the community; and the modification of community attitudes toward the emotionally ill patients. Today, the attitudes in our community have changed, and many patients are full-fledged members of this community. No single factor and the work of no particular individual influenced the attitudes. Rather it was a combination of efforts of those within the community who had positive feelings about the reintegrative needs of the patients and the staff in our several psychiatric facilities.

To make the transition to the community a positive experience for patients, it has been important that the group worker in our hospital have an opportunity to participate in community group organizations where interpretation can be given of mental illness and needs after hospitalization. Participation in, and work with, the community agen-

cies made it possible for the group worker to recognize ways in which our patients could contribute to their programs. Agencies were selected which would provide the patients a positive experience not only because the patient was useful to the agency but because the social, cultural, and educational background of the patient was compatible with those in the agency where he might work. The "matching process" is such an important ingredient in social work. Some patients found paid or volunteer employment in various charitable institutions and organizations. These patients, in turn, helped the less secure patients to move into these more constructive work experiences. And, as the community itself gained in positive experiences with the patients, attitudes toward the patient group were slowly modified. With increased acceptance of patients into community life, the need for the Outpatient Club lessened, some of its functions being taken over by the expanded family care program, by the continued demand from various organizations for volunteer help from the patients, from the public school, the small college where patients exchanged their patient-status for student-status, joining fraternities, moving into the social life on campus. Although this transition from hospital to wider community living is difficult and often painful to patients, they are supported in their efforts by the relationships they have established with other patients while in the hospital, their mutual understanding of the meaning of the struggle to find their way back to healthy social functioning.

A patient today is not necessarily a patient tomorrow. But the tomorrow for today's patients depends heavily on our ability to provide the patient with opportunities while he is in the hospital to have group experiences, to assume

responsibility for his present life activities, to use his potentialities and capacities for continuing growth and development. As Franz Alexander has noted, "the mentally ill person may be characterized by his withdrawal of interest from the outside world."<sup>12</sup> Group associations will help him regain interest in his surroundings, to find companionship, to feel he has a choice in effecting change in his environment. This will assist him on the road to health—the way back.

<sup>12</sup> Franz Alexander, M.D., *Our Age of Unreason* (Philadelphia: J. B. Lippincott Co., 1942), p. 25.

## PROBLEMS OF SOCIAL ACTION IN MENTAL HEALTH

*by L. Trimble Steinbrecher*

THIS IS A REPORT of my observations of what happened in the 1959 session of the Illinois Legislature with regard to certain mental health legislation and its significance for social workers generally.

The Board of Public Welfare Commissioners of Illinois was established by statute in 1917, replacing the Illinois Charities Commission when the Department of Public Welfare was created under the Civil Administrative Code. It is comprised of five members appointed by the Governor with approval of the Senate. Its duties are to acquire and analyze information related to functions and facilities of the Department and to recommend, either upon request or upon its own initiative, policies, programs, and practices pertinent thereto to the Governor, the General Assembly, and/or the Director of the Department.

As the 1959 session of the Illinois Legislature convened, the state administration was Republican. The State Senate was also Republican, but the House was Democratic, for the first time in ten years. The Democrats were split between the Chicago and the Downstate variety. At the beginning of the session, which would last six months, there was no organized mental health lobby. Mental health was not an



issue in the election of the legislators and, consequently, few were well-informed or particularly conscious of any pressing mental health issues.

By the end of the session on July 1, 1959, however, there had been generated sufficient agitation concerning mental health that every legislator was placed under severe pressures, from several directions, and the problems of the mentally ill have now become the leading political issue. The agitation stemmed from two unrelated sources, both rooted, however, in articulate citizenry.

In Illinois, a charge is placed upon all mentally ill and retarded patients. The charge is assessed on the patient's family and/or estate. The parents of the mentally retarded children began their campaign to remove the charges on all such children at the two state institutions for their care.

They were able to enlist the active support of a Chicago Democrat—let us call him Representative S.—and also of a popular columnist for a Chicago newspaper. Opposed to them was the state administration, which used the controversial funds for such things as new buildings, research, education, community clinics, and mental health education.

While many accusations were made against the patient-payment plan, they boiled down to the fact that though the two institutions for the retarded were in poor physical shape and there were few attendants, the monies paid by the families were not directly being used for patient care. There were also strong complaints that the assessments, which were on a sliding scale, were administered in an onerous manner and that they constituted a hardship, particularly on young parents.

The parents of the mentally retarded put on an aggres-

sive and emotional campaign in 1959 and succeeded in getting their bill through the Illinois House and approved by a Senate committee. At that point, the Republican state administration yielded and introduced a bill which would exempt the parents of mentally retarded children between the ages of six and seventeen from any payments. This was the compromise that was then quickly passed.

Why was this group of citizens successful? I think the reasons are as follows:

1. The issue was both an emotional and a "pocket book" one. Parents saw their children poorly cared for and living in run-down institutions. The payments that they had to make were not used to improve the care of their children, and they constituted a financial burden every month a child remained in the institution.
2. Geographically, every legislator had any number of such parents in his district. No legislator was exempt from this pressure.
3. The issue was relatively simple and one to which those affected could devote their full energies.
4. Many legislators were just anti-administration, while others felt that mental patients should be provided for entirely out of general revenues as a responsibility of the state.

While social workers and psychiatrists did not take an aggressive position on this matter, the articulate majority expressed themselves in favor of the patient-payment plan. I am sure they did not make their position known in the political context. (I might point out that social workers in Illinois have not been very successful in making their position prevail. A bill providing for their registration could not get out of committee.)

The other area of mental health legislation in Illinois where citizen activity was involved in 1959 was that of the general appropriations for state mental institutions.

In Illinois, the budget-making process begins with the submission of the requests of the various state departments to the Illinois Budgetary Commission. The Commission is made up of important legislators and state officials. They hear all requests and then submit their recommendations to the Governor, who has the responsibility of formulating the entire state budget for a two-year period. The budget then becomes a long series of bills which go through the normal legislative process. The only difference is that once the Governor has formulated his budget, history has shown, it takes a minor miracle to have an item altered, particularly upward.

Now, let us see what some interested citizens tried to do for the general appropriations of the Department of Public Welfare. (The Department has the responsibility for the operation of the mental hospitals and other charitable institutions in Illinois.)

At the beginning of the session, no state-wide mental health organization was interested in, or able to do anything about, legislation. However, soon thereafter, a number of individuals and organizations met together and formed the Civic Committee for Mental Health Information. This was easy to do since there had been an active high-level *ad hoc* committee functioning in 1958 in support of a bond issue referendum. (Incidentally, some social workers did have something to do with the formation of this committee.) It was set up to operate only during the life of the session. It collected some money and retained a professional lobbyist and a highly respected social work con-

sultant experienced in interpreting social issues for legislators. The lobbyist began by building a mailing list of 500 who received his weekly legislative bulletin from Springfield.

These bulletins always included a weekly résumé of all mental health legislation. In addition, there were discussions of the nature of the legislative process, names and addresses of members of the appropriate legislative committees, and background information and instruction on what citizens and organizations should do with regard to specific bills. The Civic Committee took a position on most bills, and these statements were communicated through the weekly bulletin. A copy of each bulletin was also distributed to each legislator.

The lobbyist prepared testimony for hearings, talked to legislators, supplied information, followed the course of each bill, prepared amendments, and tried to do as much behind-the-scenes political string-pulling as possible. He also prepared and sent out news releases and stimulated editorials. The social work consultant acted as liaison between professional groups and individual legislators.

The Civic Committee took a definite position on almost all mental health bills (upon the recommendation of a consultant panel made up of leaders in psychiatry, social work, psychology, education, and law). With regard to the appropriation bill for the state mental hospitals, the Committee began early by communicating (and encouraging others to do so) with the Governor and the Budgetary Commission, urging them to adopt the recommendations of the Department of Public Welfare. When the budget was submitted in the latter part of April, 1959, it was found that the appropriation was \$50 million less than the Depart-

ment requested. However, the budget provided for a new institution for the mentally retarded in southern Illinois, at a cost of \$12 million.

The Civic Committee took the position that the construction of the new institution should be deferred and the \$12 million used instead for hiring additional personnel to care for patients in the existing institutions. In this way, the total expenditures would remain the same and the economy-minded legislators could not say that the budget would be increased.

By this time, the appropriation bill had quickly passed the Senate and was now in the Democratic House. The Civic Committee's proposal for the transference of funds from building to personnel was narrowly defeated in the House Appropriation Committee. Two primary factors were involved. There were 1,600 children waiting to be admitted to the two existing institutions for the retarded. Nearly every legislator had felt pressure from constituents to have their retarded children admitted. His vote for a new institution would take him "off the hook." The second factor was that the strong bipartisan sectional interests of southern Illinois, where the institution was to be built, got together to prevent any delay in construction of such a new facility.

There was now only one last opportunity to increase the appropriations. One legislator, with a great deal of prestige in welfare legislation, introduced an amendment adding \$15 million for additional personnel. This amendment was approved by the House with a majority of five votes. It then went back to the Republican Senate for their concurrence or rejection. They rejected it, and the matter then returned to the House for the dramatic showdown. By now, it was

after midnight of the last day of the session and the clocks were stopped.

The administration brought tremendous pressure to bear on those Republicans who had defected earlier in favor of the amendment. The Speaker of the House cooperated with the administration (which was responsible for his election as Speaker over the candidate of a Chicago Democrat), and after a series of complicated parliamentary maneuvers, and oratory, the amendment lost. On one key motion, the difference was only one vote.

The principal objective of the Civic Committee was not achieved. There are two main reasons. The administration was able to bring forces to bear which had decisive political results. Patronage, the veto, and logrolling are much more determinative of the future of a piece of legislation than most any other combination of factors. Coupled with this was the feeling among most legislators that no matter how they voted, the mental health forces back home were not strong enough to hurt them.

There are lessons for every state in the Illinois experience I have related:

1. Good mental health legislation requires a state-wide organization which is prepared to lobby intensively on a professional basis over a long period of time.

2. Such an organization must have good geographical distribution and not be confined solely to large cities and fashionable suburbs.

3. It must be prepared to be tough when necessary.

4. It cannot be made up of only "nice" people, psychiatrists, and social workers, but should include, among others, those who have a personal, not a professional, interest in mental health.

5. It is a good idea to inject a strong emotional drive in any legislative efforts. (The elimination of the charges for the retarded bears out the fact that issues which are projected on an emotional level are the ones most likely to be successful.)

6. Do not be active just during the legislative session. Utilize every device and opportunity to make your state mental health conscious. When a large number of people are convinced about a problem, the legislators will soon follow.

7. Work with the newspapers and the political leaders, like county chairmen, who are not necessarily legislators.

8. Do not be discouraged and do not give up.

There seems to be a basic cleavage between politicians and social workers that comes, perhaps, from the generalized feeling of many social workers that all politicians are poorly educated oafs who do not understand social problems and who are too lazy and dishonest to accomplish anything useful. Politicians sense these attitudes, and the result is a wider cleavage. In addition, most social workers do not understand practical politics. Or, if they do, they deplore it and retreat from any contact with it. Try to understand that a politician's first concern is to get elected. This means that he must first satisfy those power groups that were most responsible for his election.

Finally, there is a strong reluctance among social workers to participate in political activity. Nevertheless, such things as precinct work and canvassing for candidates are good for one's own character, for the politicians, and for democracy. Perhaps, what social workers need is intensive training in the complexities of practical politics.

# *VOLUNTEERS IN HOSPITAL PROGRAMS FOR THE MENTALLY ILL*

*by Barbara E. Phinney*

THERE ARE FEW IF ANY AREAS of volunteer activity in this country in which there has been greater change in concept and in activity during this past decade than in the area of volunteer service to patients in hospitals. Nowhere is this more true than in hospitals for the mentally ill.

Volunteers, working both as individuals and as members of auxiliaries and organizations, have played an assortment of roles throughout the years on behalf of the mental hospital. They have raised and provided funds to supplement the hospital budget. They have lobbied for increased and improved legislative support. They have provided supplies ranging from flowers for the table to equipment for a whole ward. They have assisted hospital officials in planning for disaster. And they have been among the principal agents for developing the improved public acceptance of mental illness and the mental hospital that is at last becoming a reality in many communities.

All these services are and will remain highly significant. The concepts underlying them have taken on new contours through the years, and the methods for carrying them out



have been refined and given new vitality. It is, however, in the volunteer's role of serving in the hospital and working with the mentally ill patient that we have recently seen what approximates a revolution in both theory and practice.

Had you gone into a typical mental hospital in the 1940s to observe how volunteers were serving patients, one can guess what you might have seen. There might have been a volunteer at the information desk and another serving tea to guests in the lounge. You might have found a few volunteers helping with materials and instruction in the occupational therapy shop. A few others might have been helping with clerical duties in hospital offices. But it is safe to say that a high percentage of the volunteers would have been assisting in recreation—taking patients for rides, acting as hostesses and providing refreshments for parties, dances, and special holiday events, playing games with patients, or occasionally coaching dramatic activities. Another significant number would have been performing "personal services"—visiting patients, writing letters for them, shopping for them, taking them cigarettes, food, newspapers, and other items.

Were you to visit a mental hospital today you would undoubtedly see these same services, for they continue to have a significant place in the volunteer program. It is likely, however, that you would also see services that, in the typical hospital of the 1940s would have been unusual, or unheard of, or perhaps even considered beyond the scope of lay workers. You would also find that, whereas volunteer assistance was formerly confined largely to a few facets of hospital program, volunteers are now working closely with

patients in almost every aspect of their care and rehabilitation.

At the Cleveland State Hospital a volunteer teaches blueprint reading in the industrial therapy program. At another Ohio hospital, a volunteer, working under close guidance of the Psychology Service staff, administers tests to mental patients, and helps with tabulation, scoring, and correlations. At several hospitals, carefully selected volunteers work with speech therapists to help neuropsychiatric patients regain their power of speech. Music therapy, too, is a field in which countless volunteers are putting their personal skills to work in the interests of patient rehabilitation. Everywhere throughout the country hospital staff are training volunteers to work in a one-to-one relationship with patients that many Veterans Administration (VA) doctors call "companionship therapy." It is in this latter activity that we see exemplified a new emphasis in volunteer hospital service; for here the volunteer cannot be an anonymous worker whose place can just as well be taken by another volunteer so long as the activity goes on. Now we are calling upon her for a person-centered rather than an activity-centered service, in which the contribution to the patient is the assurance that the warm, continuing interest of another human being can bring.

A major emphasis in today's program, too, is the utilization of volunteers in programs designed to condition the mental patient for discharge, not alone by helping him in programs within the hospital, but by affording him a chance to "try out" life as it will be when he returns to the community. In one hospital, volunteers, cooperating with the social worker, take four patients to biweekly luncheons at

their homes. Elsewhere, volunteers accompany patients to club meetings, to church, to restaurants, to events in the community. This kind of activity is beyond what most hospitals could provide if they were dependent entirely upon paid staff. The volunteer, moreover, is obviously in an ideal position to help patients bridge the gap between institutional and community life.

Increasingly, too, we find volunteers meeting with hospital staff as they plan and evaluate these programs. Here we see in operation the 1960 concept of the relationship of staff and volunteer worker. The volunteer is more than an extra set of hands or an added skill. She is a partner in the total effort.

The changed role and relationship of the volunteer are not the whole story either. During these past few years we have enlarged our thinking about the kinds of volunteers we need in our hospitals. Recent studies suggest that the typical volunteer is still the unemployed woman in her middle years whose family duties have been somewhat lightened. Increasingly we are realizing, however, how much men can contribute. In VA hospitals today 10 percent of all volunteers are men. They are sought especially as motion picture projectionists, as sports assistants, and for occupational and manual arts therapy. They also show a talent for photography, carpentry, and many similar rehabilitation activities that call for the typically male skills.

Perhaps the most startling development has been the recent influx of school- and college-age volunteers. Young people have always served our mental patients, but their direct association with patients has been highly limited. Now, after careful planning and consultation and cautious experimentation, youth are finding and giving joy in working in

direct contact with patients as well as in laboratories, radio studios, admission offices, and other "backstage" activities. A recent report told of three top-ranking high school students who teach English and mathematics as part of the therapy program. Many are helping dietitians and nurses. In even greater numbers they are staging sports exhibitions and helping with recreation events at the hospitals.

Besides what he gains in social values, the young volunteer often finds in the hospital the perfect opportunity for vocational exploration. Said one high school senior after a summer of volunteering, "I always thought I wanted to be a nurse; now I know I do."

Just as the participation of youth has received attention recently, so too we are seeing a growing interest in older men and women as hospital volunteers. Scattered campaigns have been launched, for example, to attract retired workers. It is safe to say that in the immediate future we will see more and more effort to recruit the senior citizen.

Many factors have made these recent changes possible in our volunteer services to mental patients. One is the greater use of tranquilizing drugs. One is undoubtedly the overcoming of public fear through the relentless educational programs of the American Psychiatric Association, the National Association for Mental Health (NAMH), and other organizations. A third and highly important factor is that volunteer hospital service has at last "come of age." It is no longer a peripheral activity; it is an integral part of the hospital program. Large numbers of our mental hospitals, Federal, state, and local, now have a paid staff member who devotes all, or at least a significant portion, of his time to the planning, organization, direction, and evaluation of volunteer services. Training conferences have been

held for these workers under the sponsorship of the NAMH, the American Hospital Association, the National Institutes of Health, and the Menninger Foundation, to mention a few. New literature is being published every month—manuals that give guidance in policy-making, organization, training, and the personal aspects of a sound volunteer hospital program. Special studies are being conducted. Just completed is a study of volunteer assistance in social work service in VA hospitals. Just off the press, too, is a report of recruitment and retention of volunteers in VA hospitals—the findings of a two-year study of the factors that cause volunteers to offer their services and that make them want to stay.

All this, it is safe to predict, is only the beginning. We are on the edge of new and bigger developments as voluntary organizations and hospitals work together to keep volunteer services a contributing part of the rapidly changing medical programs for rehabilitation of the mentally ill.

The way ahead is not all clear. Many needs, questions, and problems face us as we continue to refine our programs of volunteer service in mental hospitals. Here are just a few of them:

1. We do not have the numbers of volunteers we need. With an estimated two million volunteers already serving our hospitals, there are unfilled requests on every side. The VA recruitment study revealed that VA hospitals, where 50 percent of the beds are for neuropsychiatric patients, need a third again as many volunteers as are now serving. Securing them is a highly competitive business.

2. There is uncertainty about the relative value of the various organizational structures and administrative setups of our volunteer programs in hospitals. Some hospitals hold

to the auxiliary pattern. Others have advisory committees composed of representatives of various organizations that give service. Some place most of the coordination and direction in the hands of a community organization; others retain it within the hospital staff. What are the advantages and disadvantages of the several plans? We need to find out.

3. Our paid directors of hospital volunteers are in a relatively new type of assignment and have little opportunity to consult with people in the same type of job. Moreover, they have only a small store of knowledge and experience on which to draw. There is no professional standard-setting group, no complete basic text. Many of these workers are dependent entirely upon the decisions of their respective hospital superintendents, who are also finding the answers as they go along. Often, too, volunteer directors are so placed in the hospital administrative structure that they find it hard to operate effectively.

4. As more teenagers and senior citizens are accepted as hospital volunteers there seems to be a growing concern for assigning them to services that will best meet their own needs. It may soon be necessary to give greater thought to how far a hospital properly may go in meeting the physical, intellectual, or psychological requirements of its volunteers without sacrificing any of the quality of its services to patients.

5. Although there is wide and ever growing conviction among the administrative, professional, and technical staff of hospitals about the value of volunteers and the importance of an integrated volunteer program, there are those who remain unconvinced. Some of them have valid concerns about where our present directions will lead us. Some are worried about losing budget for paid staff if vol-

unteers appear to be performing similar functions. Others are merely resisting the unknown. In any case, there must be hospital staff support and understanding to assure successful volunteer service. Nor is the support of top management enough. The importance of support among nurses and attendants is very great.

6. There are large numbers of foreign doctors, especially in state mental hospitals, in whose native lands the concept of volunteering is quite different from that in our country. Often, just as they begin to see the volunteer role in our American way, they are replaced by other strangers to the concept.

7. Many facts important to the development of volunteer programs in hospitals remain unknown or unrecorded. As in all aspects of the social sciences, research and study are needed on every side. We need to test the clichés and traditional practices of this field. Are they sound? Are there better approaches to building and maintaining a sound volunteer service program for patients?

8. There is a tendency to refer categorically to certain responsibilities and activities as belonging to the hospital and to others as being the prerogative of the volunteer organization. Often these arbitrary distinctions are solely the result of custom or outmoded reasoning. Perhaps there is reason to be more flexible in this regard, assigning responsibilities less on the basis of right or prerogative and more on the basis of whether the hospital or the volunteer group has the better resources and skills to carry them out.

There is another challenge, perhaps, just beginning to take shape. As we study and refine and make more efficient our volunteer programs, as we train our volunteers and seek to give them more and more understanding of how the

hospital works and how our treatment and rehabilitation programs are designed to aid the patient, we must be sure that volunteers do not lose the natural warmth, the untutored will to help, the unprofessional spontaneity that has caused us to say through the years that they have a special gift for those who are seeking a way out of confusion, back to mental health.



## HOSPITAL SOCIAL WORK AND MENTAL HEALTH

*by Else Jockel*

IT SEEMS INCREDIBLE that only a few years ago we became aware of the early signs of change in mental hospitals, change which was bringing with it new demands upon the hospital social worker for more dynamic participation in the hospital's rehabilitative task.

Since then, the mysterious wall around the mental institution has given right of way to a two-way road—from, and back to, the community which the hospital serves. Those of us on the staffs of state institutions have lived at a swift pace, over this period, fighting for, and then struggling with the issues involved in, the "new look." We experienced the beginning of the chemotherapy era. We shared in the early experimentations with building a therapeutic community. We were a part of committees to implement the open-door policy, the community mental health clinics for after-care supervision. We familiarized ourselves with and tried out new programs, such as "half-way" houses, night hospitals, day hospitals, sheltered shops, community work placements, consultations to community agencies. And now we find ourselves in an entirely new, and still changing, climate that fosters cooperative efforts between hospital and community agencies for mental health.

What role did the hospital social worker play in this scheme? It will be necessary for us to deal with this question if we are to have some sort of concept of our present, and future, place in public psychiatry. To deal with this question one must raise another question: Can we learn something about tomorrow's hospital social work from our participation up to now? I shall use the experience of my own hospital, Springfield State Hospital: (1) to identify some major problems in this kind of hospitalization with which social workers in any hospital have been concerned; (2) to illustrate how the role of our psychiatric social worker was developed out of our concern about these problems; and, finally, (3) to point out some of the guideposts we have found useful in mapping effective participation of social work in the hospital's scheme to restore essential health.

Springfield State Hospital, a 3,200-bed facility of the state of Maryland, serves the western counties of the state and one half of the city of Baltimore. It is the largest and second oldest of a group of six institutions administered by the Maryland State Department of Mental Hygiene.

Founded in 1896 as "The Second Hospital for the Indigent Insane," to eliminate the housing of mental patients in jails and almshouses, Springfield exemplified from its inception some of the newer thinking in public psychiatry. Individual red brick cottage buildings, rather than large, foreboding, gray stone structures, are spread over some fourteen hundred acres of Maryland's softly rolling countryside, suggesting the dawn of the era of the open hospital.

Although all the state hospitals in Maryland now have well-developed social service departments, the need for social services in these institutions was first recognized at Springfield. Awareness of need seems to have grown out of

some of the by-products of the industrial depression of the thirties, as was true in many parts of the country. Admissions had been rising while releases declined, despite the fact that some of the newer forms of treatment had begun to be introduced. Pressures for beds had become acute as many families became less able to take their convalescing patients out of the mental hospital.

Assuming that the general objective of any social service program in a mental hospital is to achieve social recovery for the patient, let us consider the major social problems from which the patient is to recover. There is, first of all, the patient's overwhelming fear of failure, whether he is entering the institution or is thinking about leaving it. On admission, he remembers experiences of personal and social failure that took place before he came to the hospital, and his commitment frequently means to him the final confirmation of his fear that he is considered unfit to live with his peers. When he thinks of leaving the hospital, the memories of his former failures loom large. He anticipates having to live down a label, and the more he dwells on this thought, the more he fears going home. And of course this problem becomes aggravated if a patient has been in the hospital for many years.

Secondly, there develops out of the patient's own fears, but even more so from the monotony and timelessness of hospital routine and the inevitable grip of a large institutional organization, a phenomenon which we have come to know as "social crippling."

The third problem, probably the root of all the others, is one of attitude. Some people call it "cultural lag"; others, "stigmatization of the mentally ill." Whatever its name, it can obscure, delay, even prevent social recovery.

The present social service program at Springfield State Hospital was originated by the late Henrietta DeWitt. Mrs. DeWitt began her psychiatric social work career at Springfield State Hospital in 1935. Finding that many of the hospital's residents were there for social rather than psychiatric reasons, she indicated a placement program. It was through these early experiments that social services in Springfield State Hospital began very modestly twenty-five years ago in response to the hospital's need to release more beds for incoming patients. From this have grown our five social service divisions—Foster Care; Pre-Parole; Intramural, which includes Pre-Admission and Admission Services; Clinic Assistance; and Community Consultation—which assist approximately twenty-three hundred patients annually.

1. *Foster Care.*—The first division to be developed, this was initiated, as mentioned previously, by Henrietta DeWitt. We define foster care today as a psychiatric casework service offered, within hospital psychiatry, to patients who need but do not have a suitable home to which to return when they leave the hospital. Our daily average in care is about 175, while some three hundred patients are involved annually. About one fourth of this population is discharged each year.

Mrs. DeWitt began with one patient. It took two years to place the first thirty. To date, slightly more than fifteen hundred patients have left the hospital through this means. It is heartwarming to realize what this figure implies in terms of change in community attitudes.

Fortunately for the program's future, Mrs. DeWitt saw in the hospital's request for help to make more beds available a beginning recognition of the need for social work.

Mrs. DeWitt frequently remarked that she was glad to begin where the hospital was in 1935, but she was convinced that neither she nor the hospital would stay there. From the start, she saw that her task was not to be the "filling of prescriptions."

Today we realize that her method made it a prerequisite that the social worker be permitted to work directly with the patient in preparation for his foster care placement. This made it possible for her to bring into the patient's hospital life all the principles, insights, methods, and skills of social work and also a social work objective. This objective was, of course, the patient's eventual reintegration into community living.

Foster care has been the greatest teacher of social workers in this hospital through the years. Not only did it establish a distinctive pattern for initiating and developing a new service in a setting like ours, but it also was a helpful guide as we learned to develop ways to tackle some of the major hospital problems. I believe that this early lesson is in no small way responsible for the present effectiveness of social service.

2. *Pre-Parole*.—These services were established next. They are defined today as preparatory experiences for community living. Because such services are essential to a successful placement program, they expanded rapidly. But it was not until the introduction of the drug therapies that these services became core services not only for the social workers but also for the hospital. Approximately 550 patients were referred to these services by their physicians in 1959. I am glad to say the referrals from the groups suffering from chronic mental illness are increasing in number. We have worked intensively with the long-time hospitalized patients

since the open hospital, encouraged by the drug therapies, has brought an entirely new group of patients—the “burned out,” the “shells,” and the “deteriorated”—within reach of the caseworker. While most referrals in former years were from the more promising cases, over one third of the pre-parole referrals in 1959 came from long-time groups.

These pre-community services are truly core services. Quite early we found when trying to place patients in foster care that the problems that arise when mental patients live in the community are by no means one-sided. Not only did community attitudes have to change, but our patients, too, had to make adaptations. Still more recently, we found that the hospital also had to change. Ways had to be found to reduce the side effects of institutional living—the social crippling—if patients were not to be handicapped in the community. We found that many of our patients had forgotten how to conduct themselves in private homes, since not for years had they been expected to live like adults. They had to relearn how to make decisions, form and sustain relationships, fit into a social milieu, observe employment standards, or even to use acceptable table manners.

Today, with many preparing to leave the hospital after ten, twenty, thirty years of hospitalization, a great deal of thought has to be given to the problem of how to help these old-timers to rebuild their lives and become acquainted with the times in which they are living. Only recently, one of our former “forgotten patients” wanted to write a letter to a relative who died years ago at an address which no longer exists. Thought must be given to prevent this social crippling in the future.

The design of pre-parole and pre-placement services is intended to deal with these problems to some extent. The

social worker is expected to involve not only the patient, but hospital staff, the patient's family, and his larger community. This idea is carried into practice in the following way: All patients who require pre-parole help are referred by their physicians, although it is, of course, frequently at the social worker's suggestion that such referrals come about. Pre-placement cases are screened by an interdisciplinary staff before the social worker begins to work with the patient. Throughout the work-ups we try to keep the physician involved so that he will have a stake in the progress of the case. Similarly, the patient's family and community agencies are brought in at the outset and are asked to help us plan for the patient, even if the family does not intend to make a home for him. The idea is to preserve for the patient whatever meaningful connections he still has.

For the patient, the pre-parole experience provides opportunities for decision-making, practice in relationships, adaptations to ward regulations, job disciplines. Though patients protest these expectations at first, it has been our experience that the inner assurance which comes from mastering requirements is gratifying, and in time experiences of success replace many memories of failures. When these patients go into the community, they can usually cope better with their fears and can also sustain more easily the inevitable disappointments.

3. *Intramural.*—The beginnings of the hospital's present intramural service go back to the war period when the social part of the admissions procedures was delegated to the Social Service Department. It was agreed at the time that a social worker should assist patients as they entered into the hospital experience. Since then, a caseworker has seen every patient and his family on admission so as to effect as

purposeful and constructive an entry into the hospital as possible and also to prevent family and community abandonment.

In 1954, when the rise in the admission rate became a matter of general concern, pre-admission counseling was added. At first, this assignment was not much more than a clearance of eligibility. However, as our staff has become more skilled, a real, though brief, casework service has developed. In 1959 we had approximately 450 pre-admission counseling cases, resulting in more purposeful, and often voluntary, admissions. It also resulted in over one hundred withdrawals when families could be helped to find more appropriate facilities for the care of their mentally ill members.

Today, Intramural Service includes not only pre-admission counseling, admission assistance, and history service to relatives, but also some pre-parole help to patients who should be discouraged from settling down in the hospital. It is a large service, serving approximately fifteen hundred patients in the course of a year.

The pre-parole part of this complex of services emphasizes prevention of social crippling. While the traditional pre-parole help, given more and more now to chronic patients, is of necessity largely restorative of whatever the patient still has of inner and outer resources with which to rebuild his life, for more recently admitted patients the service is directed toward the prevention of chronicity and social disconnectedness.

4. *Clinic Assistance.*—As a part of the hospital's follow-up of patients on leave, it has maintained for many years an outpatient clinic in Baltimore. A psychiatric case supervisor, a worker, and one or two students have provided



there the usual social services of a psychiatric clinic. For years, we defined the clinic social worker's activity as assistance to patient's to get started again and to sustain themselves in the community.

In recent years, the clinic has also become a drug research center for the hospital, with the result that the case load has sky-rocketed and entirely new needs have been discovered. Patients and their families come to the social worker with all kinds of requests for help with learning to live with new medications. While these problems do warrant the assistance of a caseworker, we are currently evaluating our effectiveness in this area.

Although all these parts of the hospital's program have been reworked over the years as the mental health climate and, with it, the role of our social workers changed, all of them had their beginnings in an earlier time. There is only one service, consultation, which is truly a product of this new era.

5. *Community Consultation.*—As community health agencies began to move into the field of mental health, we were asked to set up a consultative program. It was felt by community agencies and by the hospital that though we welcomed the forward-looking shift from hospital-centered to community-centered mental health services, we had a responsibility for assisting these agencies in the development of these new projects—provided they wanted it—since the situation was new to community agencies and hospital people did have some know-how in this field.

From this thinking a new, threefold responsibility for hospital social workers has developed. For communities which have organized follow-up services, such as assisting

families while the patient is hospitalized or helping convalescent patients reenter the community, a member of our staff: (1) identifies the cases in need of service and advises patient, family, and hospital of the resources available in that particular town; (2) acts as consultant in regularly scheduled conferences to community agency staffs when they become active in these cases; and (3) is in charge of planning for orientation institutes at the hospital and is a member of the advisory committees which each project usually develops.

Although our consultation program is, indeed, only in its infancy, it does show tremendous promise. In the first place, follow-up takes on a new dimension when community agency staff, instead of the psychiatric social worker from the hospital, visit and minister to the needs of homes where a member of the family is, or has been, mentally ill. For, as we learned in the early foster care days, there are therapeutic experiences which community people can provide much better than can hospital personnel. Secondly, the participation in mental health services on the part of community agencies will probably do more to break down outmoded attitudes and prejudices against mental illness and mental patients than can any other educational program. Thirdly, and most importantly, a service which we were never able to afford is being made available now to a group of people who without it could probably not sustain themselves in the community. This should reduce, in time, the number of unnecessary returns to the hospital, and also free us to help those who still need the intensive kind of help which only hospital staff can provide.

To return to my original question: What can we learn

from past experience that can help us anticipate the role of hospital social work in today's and tomorrow's changing mental health climate?

If successful intervention in disease processes were the only goal of psychiatric hospitalization, social work would probably never have been called into mental hospitals; or, if it had been, the need would have been diminishing over recent years when many more glamorous ancillary therapies became integral parts of hospital programs. Instead, most of us have experienced an unprecedented increase in demand for social services, and, with it, we have developed new programs as well as expanded and reworked our old ones. The increasing recognition of the need to achieve not only medical but social objectives for mental patients has doubtlessly been a major factor in this development. The participation of professional social work, the expert in the field of social rehabilitation, was and is required if we are serious about wanting to restore mental patients to functioning in society.

I believe that the need for social work's participation in this field will continue to increase because the fight to achieve social recovery just began when we started to move the center of public psychiatry from the hospital back to the community, where it belongs. The familiar social problems of this kind of hospitalization are still with us; some have become aggravated.

The list of problems I mentioned earlier is, of course, only suggestive. It can, however, furnish an incentive in case we fear that we may be running out of work. The need for social work in mental hospitals is expanding. Whether the significance of social work will also continue to grow will depend, I think, on our growing usefulness to the over-all

purposes of the host agency. It is, therefore, in our readiness to assume the responsibilities of a now adult profession, which responds to need for the kind of help it has to give, that we come to participate rewardingly in the scheme that has set as its goal the restoration to health of the mentally ill.

Papers presented at the 87th Annual Forum may also be found in *The Social Welfare Forum, 1960, Community Organization, 1960, and Social Welfare Administration* (all published by Columbia University Press); and in *Casework Papers, 1960* and *Social Work with Groups, 1960*, information concerning which may be obtained from the National Conference on Social Welfare.





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**143 The social group worker as a consultant**

ELAINE SWITZER, associate executive secretary, Division on Recreation and Informal Education, Welfare Council of Metropolitan Chicago

## Introduction

In the past three years the variety of settings into which group practice was being extended has been of most pressing interest and has been reflected in previous annual issues of this series. The program of the National Conference on Social Welfare in 1961 continued to reflect examples of group work in a variety of types of services and organizations, but the papers revealed less of a preoccupation with the settings themselves than with the contribution to knowledge and understanding deriving from the various practice experiences. In producing this 1961 volume, the Editorial Committee looked for a collection of papers that would add to the literature on theory, organization of services, and practice of social group work.

William Schwartz presents a formulation of such unusual proportions in "The Social Worker in the Group" as to stimulate thought by social workers on the nature of the worker-client relationship in any social situation that comes within the purview of an agency, whether family, peer group, residential living, or others. He develops an approach to social work, using as its context the worker and a group, to illustrate his theory about the helping process that pervades any social work-client arrangement. Ruth Smalley, in her concise discussion, poses the implications of the approach—the new perspectives called forth as a result of the propositions made.

The article on social group treatment by Joyce Gale Klein cuts across theory, organization, and practice in its propositions about a typology of treatment goals for group work with adult clients in social service programs. The Editorial Committee was bold enough to assume that any practicing social worker, regardless of his identification as a caseworker or group worker, would see the essence of this formulation, test it against his own, and perceive the richness of a conceptual piece which truly draws on both group work and casework.

Robert Vinter challenges the rationale that brings together in a single system a group of organizations whose purposes, mode of functioning, and degree of compatibility with social work objectives vary, and believes this merits reconsideration of them as one "field" of practice. In group work circles the habit of referring to "the traditional agencies" has obviously reflected a historical situation which bears new study if the role and function of social work in carrying out

the services is to be defined more precisely. Vinter presents a new perspective for viewing such established agencies as the YMCA, YWCA, Jewish community centers, settlements, Scouts, Camp Fire Girls, and Boys Clubs.

Melvin Herman proposes a responsibility on the part of those concerned with the community group services described in the Vinter paper to adapt their regular programs so that handicapped people can join in the mainstream of social life.

Luada Boswell describes a fascinating Girl Scout project that demonstrates how the Girl Scout tradition of volunteer participation can continue to be effective even though the adults concerned are short-term residents in a geographic area, and even though adults might be thought of as not having the "know-how" or interest because of their deprived social and economic living conditions. Another new perspective on organization!

The articles by Louise Frey, Doreen Lindsay, and Dorthea Lane provide us with an opportunity to see workers and clients in interaction with each other—i.e., practice. The process described reveals gradual changes in behavior of group members—different perceptions of themselves and others—as the group experience is sensitively guided by the group worker.

The articles on residential program—one about a camp for older people by Lillian Margolin and one by Henry Maier about children's residential settings—reflect the necessary elements to be observed by all personnel in the structure and operations of a home away from home. Residences are complex social situations which themselves affect and are affected by their population.

And Elaine Switzer brings into central focus what is involved if a group worker becomes a consultant. Many of us have. How the worker uses himself skillfully, which means appropriately, frequently puzzles many practitioners as they move into the consultant role.

The National Association of Social Workers takes pleasure in presenting these new perspectives for study, debate, and criticism, so that—step by step—the general understanding of group work as a professional social work method can be enhanced and deepened.

FLORENCE RAY, *Assistant Director, NASW,*  
on behalf of the Editorial Committee:  
WILLIAM SCHWARTZ, *Chairman,* PERRY  
ROTH, RUBY PERNELL, AND MRS. BEATRICE  
SAUNDERS, *Editor.*

# **theory**

## **The social worker in the group**

**WILLIAM SCHWARTZ**

Professions have a way of moving periodically through eras of rediscovery in which an old truth comes alive with the vigor and freshness of a new idea. Such an occurrence seems to be taking shape in social work practice as we face the realization that the problems of people do not lend themselves easily to arbitrary divisions of labor among the various agencies of social welfare. In fact, this particular truth has been rediscovered several times, cutting deeply, in each instance, into established forms and calling for new institutional and professional alignments.

This stubborn fact now has precipitated a re-examination of social work's historic system of designating the functions of agencies by reference to the number of people involved in the client-worker system at one time. Thus the casework agency, as we have known it, was one which derived its distinguishing characteristics from the fact that its workers talked to people one at a time; the group work agency (later called the "group service agency") worked with people in small, cohesive groups; and the community organization agency assumed the function of leadership with representative bodies and similar associations.

This typology emerged at an early stage of specialization and has remained relatively stable over the major course of social work history—not, however, without a certain marked degree of uneasiness throughout. Group workers have struggled for years with the need

to "individualize," wondering whether they were "doing casework" when they dealt with individual problems, and continually raising the issue of whether individual or group problems should take priority. The agencies using social casework have been concerned about the reluctance of workers trained in the one-to-one relationship to carry these skills into committee work, multiple interviewing, group consultation, and other group constellations. And the community organization workers have been faced continuously with the vital connection between the tasks people undertake and the uniquely personal ways in which they approach them.

These vague but pervasive concerns have now begun to crystallize into new conceptions about the appropriate client-worker systems through which agencies carry out their functions. The rapid development of social work services in the institutional and therapeutic settings has created a community model which lends itself poorly to a type of specialization based solely on the number of people with whom the social worker interacts at a given time. In these settings, the caseworkers have been pressed into group service, just as the psychiatrists and the psychologists had before them;<sup>1</sup> and the group workers have found themselves involved in a degree of intensive individualization beyond anything they had ever experienced.

In general practice, the developing emphasis on the family as a unit of service has forced both caseworkers and group workers into new modes of activity. The former have been constrained to understand and work with the dynamics of family interaction; the latter, to replace the comfortable aura of friendly visiting with a more sophisticated and focused approach. In both agency types, the traditional forms have been changing, with caseworkers turning more and more to the group as a unit of service and group workers rekindling their old concern with ways of offering skilled individual guidance for those who need it.<sup>2</sup>

In the area of community organization, the picture is less clear. There seems to be little doubt, however, that its conceptualizers are recognizing another old truth, namely, that the only way to work with communities is to work with people, singly and together, and that

<sup>1</sup> See, for example, "The Psychiatric Social Worker as Leader of a Group," report of the Committee on Practice, Psychiatric Social Work Section (New York: National Association of Social Workers, undated). (Mimeograph No. 2652-51/S.)

<sup>2</sup> See, for example, *The Use of Group Techniques in the Family Agency: Three Papers from the FSAA Biennial Meeting, Washington, D. C., April, 1959* (New York: Family Service Association of America, 1959); "Committee Statement on the Role of the Caseworker in a Group Work Agency" (Chicago: Chicago Area Chapter, National Association of Social Workers, 1958). (Mimeographed.)

skill in the helping process needs to be abstracted and formulated into teachable concepts. The newer theoretical attempts lean heavily toward organizing the experience of community workers into concepts that reflect the language and central concerns of social work method. Genevieve Carter, for example, has addressed herself directly to an analysis of the helping process in community organization, and her concept of "cumulative sequence" is an interesting attempt to relate the order of community change to that of individual growth and development.<sup>3</sup>

Concurrently, the unification of social workers within a single professional association and the efforts of the social work schools to conceptualize the common elements in practice have dramatized the need to combine the learnings of workers from the various fields and settings into a functional scheme that can be taught and practiced under the name of "social work." Such a scheme would not eliminate specialization but would certainly redefine it; most important, it could create a new integration within which the component parts could be differentiated on a basis more consistent with the facts of life as they actually exist in the community.

The new conceptual framework would be built on the recognition that the function of a social agency is determined more realistically by the social problem to which it has been assigned than by the specific relational systems through which the social worker translates this function into concrete services. It would accept the fact that there is no known correspondence between a function such as child placement, or family welfare, or recreation, or social planning, and the exclusive use of the one-to-one or the one-to-group structure to carry it out. And it would become increasingly clear that any agency should be capable of creating, in each specific instance, that system of client-worker relationships which is most appropriate to its clients' requirements.

A significant corollary would then emerge quite naturally, namely, that the single variable embodied in the number of people one works with at a time is simply not significant enough to be endowed with the designation of "method." Not significant enough, that is, if we reserve the term "method" to mean a systematic mode of helping which, while it is used differently in different situations, retains throughout certain recognizable and invariant properties through

<sup>3</sup> Genevieve W. Carter, "Social Work Community Organization Methods and Processes," in Walter A. Friedlander, ed., *Concepts and Methods of Social Work* (Englewood Cliffs, N. J.: Prentice-Hall, 1958), p. 248.



which one may identify the social worker in action. In this light, to describe casework, group work, and community organization as methods simply mistakes the nature of the helping process itself for the relational system in which it is applied. It seems more accurate to speak of a social work method, practiced in the various systems in which the social worker finds himself or which are established for the purpose of giving service: the family, the small friendship group, the representative body, the one-to-one interview, the hospital ward, the lounge-canteen, the committee, the street club, the special-interest group, and many others. Within this frame of reference, the task of safeguarding the uniqueness of the various so-called "methods" fades before the real problem of abstracting from all these experiences the common methodological components of the helping process in social work.

This is partly why any serious attempt to define a unique entity called "social group work" begins to turn, under one's very hand, into a description of something larger and more inclusive, of which the worker group system is simply a special case. Having now, after many years of shifting identification, found a resting place in social work function and the social agency network, group workers can indeed make a significant conceptual contribution to the theoretical problems involved in work with groups.<sup>4</sup> But the context has changed, and the moment has passed, for a definition of "group work method." Rather, we must now search for those common elements in social work practice—the very elements which attracted group workers into the social work fold—from which social workers in all settings can draw the specifics of their own practice. The job can no longer be done most usefully by first defining social group work (or casework or community organization) and then trying to fit the description into the general framework of helping theory. The process is now rather the reverse: by laying the groundwork in a social work methodology, we may begin to analyze and clarify the activities of the social worker as he works with people in groups.

To both of these endeavors—building the common model and describing the special case of the group system—those who have been schooled in the traditions of social group work have a rich store of experience from which to contribute. The task is, of course, rendered

<sup>4</sup> For a more detailed account of the developing integration of group work and social work see the writer's "Group Work and the Social Scene" in Alfred J. Kahn, ed., *Issues in American Social Work* (New York: Columbia University Press, 1959), pp. 110-137.

doubly difficult by the fact that any worker who attempts it must break the bonds of his own training, since he himself has been reared in the ancient fallacies. But, clumsy though these first efforts must be, it seems inevitable that they will be made, and in increasing number;<sup>5</sup> for they represent an indispensable part of the still larger task of conceptualizing the generic framework of the social work profession as a whole. These larger issues are embodied in the Curriculum Study of the Council on Social Work Education<sup>6</sup> and in the work of the Commission on Social Work Practice of the National Association of Social Workers.<sup>7</sup> The present segment of this over-all task deals only with those activities through which the social worker functions in direct relationship with people of established or potential client status; the focus is on the helping process itself and on the factors which determine its nature and its variations. In what follows, we shall not presume to create a comprehensive theoretical statement but simply to highlight a few of the essential components around which such a statement will need to turn.

Let us begin, then, with three fairly simple propositions:

1. Every profession has a particular function to perform in society: it has received a job assignment for which it is held accountable.

2. This assignment is then elaborated in certain characteristic modes of activity—certain action patterns designed to implement the professional function.

3. These action patterns are further fashioned and developed within the specific systems in which they operate.

These propositions lead to a working definition of method as a systematic process of ordering one's activity in the performance of a function. Method is function in action.

This line of reasoning thus calls for three major lines of inquiry, each of which carries its own theoretical problems. The first line of inquiry is designed to produce an accurate functional statement which formulates as precisely as possible the particular assignment

<sup>5</sup> Although not dealing specifically with the method component, an outstanding effort to develop a foundation for a unifying theory in social work has been made by Gordon Hearn, *Theory Building in Social Work* (Toronto: University of Toronto Press, 1958). See also Joseph W. Eaton, "A Scientific Basis for Helping," in Kahn, *op. cit.*, pp. 270-292, and Harriett M. Bartlett, "The Generic-Specific Concept in Social Work Education and Practice," *ibid.*, pp. 159-190.

<sup>6</sup> Werner W. Boehm, *Objectives of the Social Work Curriculum of the Future*, Vol. I of the Curriculum Study, The Comprehensive Report (New York: Council on Social Work Education, 1959).

<sup>7</sup> Described by Harriett M. Bartlett, "Toward Clarification and Improvement of Social Work Practice," *Social Work*, Vol. 3, No. 2 (April 1958), pp. 3-9.

drawn by the social work profession in the society which creates and sustains it. The second inquiry is designed to convert the functional statement into those patterns of activity through which the social work function is implemented. The third line of investigation is directed to seeking out the specific adaptations of the general methodological pattern in the various concrete situations in which the social worker performs his job.

### *Requirements for a Functional Statement*

The central requirement is to recognize at the outset that the very idea of function implies the existence of an organic whole, a dynamic system, in which the worker performs certain movements in relation to the movements of others. In Parsons' words:

The very definition of an organic whole is as one within which *the relations determine the properties of its parts*. . . . And in so far as this is true, the concept "part" takes on an abstract, indeed a "fictional" character. For the part of an organic whole is no longer the same, once it is separated factually or conceptually from the whole [emphasis supplied].<sup>8</sup>

And Lawrence Frank, in describing what he calls "organized complexities," speaks of the need for a field concept describing

circular, reciprocal relations . . . through which the component members of the field participate in and thereby create the field of the whole, which field in turn regulates and patterns their individual activities. This is a circular, reciprocal relation, not a serial cause and effect, stimulus and response relation.<sup>9</sup>

This model of a dynamic system which surrounds and incorporates the movements of the worker then provides specific clues for our statement of social work function. First, it helps us realize that function is itself an *action concept* and that it cannot be understood as a description of what social workers know, or feel, or hope to achieve. To say, as we often do, that the social work function is to "understand behavior," or "be sensitive to need," or "effect changes," is to beg the functional question entirely. Such statements remain fixed at the level of what the worker may need in order to carry out his function, or what he may envision as a result of having performed

<sup>8</sup> Talcott Parsons, *The Structure of Social Action* (New York: McGraw-Hill Book Company, 1937), p. 32.

<sup>9</sup> Lawrence K. Frank, "Research for What?" *Journal of Social Issues*, Kurt Lewin Memorial Award Issue, Supplement Series, No. 10 (1957), p. 120.

it well—they say nothing about the function itself. The social worker's philosophy, social aspirations, attitudes toward people, and even his knowledge about them are not unique to the profession and do not, in themselves, represent its assignment in society. Properly viewed, these qualities are simply prerequisite to the forms of action through which the profession justifies its social position.

Second, the model illustrates the need for the statement to reflect the activity of the social worker *as it affects, and is affected by, the activity of others* within the system. The failure to understand this feature of the helping system has created great difficulties in both the practice and the theory of social work. The inability to see the system as one "within which the relations determine the properties of its parts" has made it possible to imagine that one may deal with human beings by reference to certain discrete characteristics rather than to their movements within the relational system through which they seek help. To "diagnose" the client, to inventory his "needs," and to recapitulate his life history leave undone the task of understanding how these facts, if such they be, may be moving the client as he acts and reacts within the present field. Where the properties of parts are determined by their relations, the search for discrete characteristics is at best "interesting" and at worst produces a situation in which, in Merton's words, "understanding is diminished by an excess of facts." It should be stated that the uneasy attempt to take over the language and the sequence-of-treatment concept of the medical profession has confused and retarded our own attempts to find terms and concepts which would truly describe the helping process in social work. For the helping relationship as we know it is one in which the client possesses the only real and lasting means to his own ends. The worker is but one resource in a life situation which encompasses many significant relationships. And movement, at any given moment, is based on the movement of the preceding moment, as each new event calls for a reorientation of the worker to a new complex of demands for his skill. Such a process is patently different from one in which the function of the person in difficulty is to supply information and the function of the worker is to create action based upon this information, by which division of labor a "treatment" or a "cure" is effected.

The third clue offered by the organic model is the need to represent the limited field of influence in which any part of a dynamic system operates. This involves acceptance of the fact that, within such a system, any single part affects only those with which it interacts; and, further, that it affects even these in a limited way, in accordance

with its specific function. This recognition can help to scale down the grandiose, cure-all aspirations of any single profession, and to avoid couching its objectives in the language of absolutes—"achieving individual maturity," "fulfilling human needs," and the like.

Fourth, the model points to the fact that, within a dynamic relational system, the interplay of movements of the various actors is in effect an interplay of functions. Thus, as the worker is moved by the question "What am I doing here?" so are the others in the situation moved, consciously and unconsciously, by the same question. The worker-client interaction is one in which each needs and uses the other in order to carry out his own sense of purpose within the relational system.

Our next question must be: What are the systems within which the social work profession in general, and the social worker in particular, derives and carries out the social work assignment?

First, there is the general system of society itself, within which the profession has been set in motion and assigned to a given sphere of influence consistent with its ability to perform certain necessary tasks.

Second, there is the social agency system, within which the social worker translates agency function into concrete services. The agency situation represents a kind of partialization of the larger social system, from which it draws its own special assignment; and the agency creates, in addition, a unique subculture of its own, out of its own mode of living and working.

Third, there is the specific client-worker relationship—one-to-one or one-to-group—in which the social worker expresses both his general function as a professional and his specific function within the agency complex. The client-worker relationship, viewed from a distance, may thus be seen to be a system within a system within a system.

This is, of course, a simplified version of the relationship of parts to a dynamic whole. It is simplified precisely because we need to choose, from the immensely complex network of relationships in which the social worker finds himself, those which exercise the most significant determining effects upon his movements.<sup>10</sup> We may say that the social worker's movements, within any specific helping relationship, reveal certain *constant* elements, which he derives from

<sup>10</sup> The interdependence of dynamic systems and the problems of abstracting one or another for analysis are discussed in Ronald Lippitt, Jeanne Watson, and Bruce Westley, *The Dynamics of Planned Change* (New York: Harcourt, Brace and Company, 1958), pp. 5-11.

his *professional* identification, and certain *variant* elements, which he derives from his *agency* identification and from the situations in which he operates. The common components of social work function emerge from the social work position within the social scheme; its adaptive components are those which express the specific ways in which the professional function is put to work.

### *Function: The Professional Assignment*

Let us now venture a proposal for the functional statement itself. We would suggest that the general assignment for the social work profession is to mediate the process through which the individual and his society reach out for each other through a mutual need for self-fulfillment. This presupposes a relationship between the individual and his nurturing group which we would describe as "symbiotic"—each needing the other for its own life and growth, and each reaching out to the other with all the strength it can command at a given moment. The social worker's field of intervention lies at the point where two forces meet: the individual's impetus toward health, growth, and belonging; and the organized efforts of society to integrate its parts into a productive and dynamic whole.

More specifically, the social work assignment emerges from the fact that, in a complex and often disordered society, the individual-social symbiosis grows diffuse and obscure in varying degrees, ranging from the normal developmental problems of children growing into their culture to the severe pathology involved in situations where the symbiotic attachment appears to be all but severed. At all the points along this range, the social work function is to mediate the individual-social transaction as it is worked out in the specific context of those agencies which are designed to bring together individual needs and social resources—the person's urge to belong to society as a full and productive member and the society's ability to provide certain specific means for integrating its people and enriching their social contributions. Placed thus, in Bertha Reynolds's old phrase, "between the client and the community," the social worker's job is to represent and to implement the symbiotic strivings, even where their essential features are obscured from the individual, from society, or from both.

It should be emphasized that this conception is different from that which places the social worker in a sphere of concern known as "dys-functioning." While it is true that the profession operates in areas where the individual-social interaction is impaired, these areas are only



part of the social work field of action. The problems of symbiotic diffusion are inevitable in any complex society and apply not only to social pathology but to the normal, developmental processes and to the ongoing social effort to order the relationship between needs and resources. The concern with developmental tasks has provided part of the traditional preoccupation of the leisure-time agencies, while the ordering of needs and resources has engaged those agencies concerned with social planning and action.

This is obviously only a brief outline of the symbiotic model; its rationale has been elaborated by Kropotkin,<sup>11</sup> Mead,<sup>12</sup> Sherif,<sup>13</sup> Murphy,<sup>14</sup> and Bergson,<sup>15</sup> and many others. For our present purposes, the important points are: the fundamental impetus of people and their groups carries them toward each other; this impetus is often blocked and diverted by a diffusion of the relationship between self and social-interest; where the impetus can be freed to operate, it constitutes the basic motivation, for both individual and social change, with which the social worker engages himself.

This strategic location of social work as a kind of third force implementing the basic identity of interest between the individual and his group creates its own problems when the social worker falls prey to the very diffusion against which his function is set. It is at these times that we hear the controversies about whether he should be more concerned with social or with individual problems, with "content" or "process," "ends" or "means," and so on. This debate disregards the most essential characteristics of social work: that it stands on the meeting ground between the two; that it is inextricably involved with both; and that it sees no contradictions, even where the dualism looms large in the popular mind. The social work function is based on "the recognition of the fact that the individual's normal growth lands him in essential solidarity with his fellows, while on the other hand the exercise of his social duties and privileges advances his highest and purest individuality."<sup>16</sup>

<sup>11</sup> P. Kropotkin, *Mutual Aid, a Factor of Evolution* (New York: Alfred A. Knopf, 1925).

<sup>12</sup> George Herbert Mead, *Mind, Self and Society* (Chicago: University of Chicago Press, 1934).

<sup>13</sup> Muzafer Sherif, *The Psychology of Social Norms* (New York: Harper and Brothers, 1936).

<sup>14</sup> Gardner Murphy, *Human Potentialities* (New York: Basic Books, 1958).

<sup>15</sup> Henri Bergson, *The Two Sources of Morality and Religion*, R. Ashley Audra and Cloudesley Brereton, trans., with the assistance of W. Horsfall Carter (Garden City, N. Y.: Doubleday and Company, 1954).

<sup>16</sup> James Mark Baldwin, *The Individual and Society; or, Psychology and Sociology* (Boston: Richard G. Badger, Gorham Press, 1911), p. 16.

*Method: The Professional Tasks*

The transition from function to method is essentially a problem in dividing a broad assignment into its component activities. For this purpose, we have chosen the term "task" as an organizing concept around which to gather up the various movements of the worker in any given client-worker system. The implication is that any function can be broken down into a number of tasks necessary to carry it out, and that any specific act performed should come under one or another of these headings. Our emphasis here is on categories of activity rather than on small discrete movements; for the latter may involve us in problems that lie outside the scope of method as we conceive it. While the concern with specific acts is important, the units of activity cannot be so small as to take us either into mechanical prescriptions for worker responses or into problems of personalized style and techniques. The tasks are common and are based on a professional method held in common; but many of the helping acts in a given situation are heavily charged with the unique movements and personal artistry of the individual worker.

We envisage the following tasks as those required of the worker as he carries out his social work function within the helping relationship:

1. The task of searching out the common ground between the client's perception of his own need and the aspects of social demand with which he is faced.

2. The task of detecting and challenging the obstacles which obscure the common ground and frustrate the efforts of people to identify their own self-interest with that of their "significant others."

3. The task of contributing data—ideas, facts, value-concepts—which are not available to the client and which may prove useful to him in the attempt to cope with that part of social reality which is involved in the problems on which he is working.

4. The task of "lending a vision"<sup>17</sup> to the client in which the worker both reveals himself as one whose own hopes and aspirations are strongly invested in the interaction between people and society and who projects a deep feeling for that which represents individual well-being and the social good.

5. The task of defining the requirements and the limits of the situation in which the client-worker system is set. These rules and boundaries establish the context for the "working contract" which binds the client and the agency to each other and which creates the

<sup>17</sup>A phrase borrowed from another context. See Norman Kelman, "Goals of Analytic Therapy: A Personal Viewpoint," *American Journal of Psychoanalysis*, Vol. 14, No. 1 (January 1954), p. 113.



conditions under which both client and worker assume their respective functions.

### *The Social Worker in the Group*

As we now move this methodological pattern into the worker-group situation, the first problem is to specify some of the salient characteristics of the small-group system which help create the social climate within which the worker functions.

First, the group is an enterprise in mutual aid, an alliance of individuals who need each other, in varying degrees, to work on certain common problems. The important fact is that this is a helping system in which the clients need each other as well as the worker. This need to use each other, to create not one but many helping relationships, is a vital ingredient of the group process and constitutes a common need over and above the specific tasks for which the group was formed.

Second, the group is a system of relationships which, in its own unique way, represents a special case of the general relationship between individuals and their society. The present group is, in other words, but one of the many associational forms through which its members interact with social values, social objectives, and social resources. More specifically the cultural climate of the group is drawn from three major sources: *Generalized social attitudes* about what is good and bad, right and wrong, worthy and unworthy, permeate the group and form a part of its culture. *The agency* in which the group is embedded has drawn from the general culture its own characteristic and unique constellation of approved attitudes and behaviors. *The group itself*, by the nature of its central problem, by the activities in which it engages, and by the particular personalities it brings together, creates its own conditions for success and failure.

Finally, the group is, as we have indicated, an organic whole: its nature cannot be discerned by analyzing the separate characteristics of each component but by viewing the group organism as a complex of moving, interdependent human beings, each acting out his changing relationship to society in his present interaction with others engaged in a similar enterprise. In this framework the worker is more concerned with what the member does and feels in the present situation than with what the member *is*. Further, the demands of society can be understood more clearly as they present themselves to the group member in the immediate situation than in abstract, holistic

terms like "democratic responsibility" or "social maturity." It is, in fact, this very partialized and focused character of the present enterprise that makes helping and being helped possible and manageable. The implications for the worker himself are that his ability to help is expressed in action and that this action is limited, as in any functional system, to certain areas in which he has some control. He acts to help others act, and the emphasis on new ways of moving, of interacting, is more realistic and productive than the concern with total being, with discrete characteristics, and with totalistic conceptions of change.

With these observations in mind, let us examine the activities of the social worker in the group, following the pattern of the five major tasks outlined above:

1. As he pursues his search for common ground, the worker's movements are fashioned by four major assumptions about the connections for which he is seeking. The first is that the group member's main access to new ideas, new attitudes, and new skills lies through his ability to discern their usefulness to him and to invest affect in the tasks required to make them his own. The second assumption is that such connections—between individual aspirations and social objects—are always present, no matter how obscure they may seem to the members themselves. To conceive of a situation in which the connections do not exist would be to postulate a group in which the members are completely beyond the call of social demands—a situation in which the group itself would be a futile device since its members could exercise no effect upon each other. The third assumption is that these connections are both specific and partial. A gang of adolescents does not rush eagerly toward the ideal of "democratic values"; youngsters in a Jewish center do not respond quickly to the generalized notion of "Jewish identification"; a group of hospital patients do not invest themselves equally and evenly in the tasks of rehabilitation. In each of these instances, the attraction between the individual's sense of need and the aspirations of society is present and inherent; but it is partial, elusive, and comes into the open only at certain significant points.

The final assumption is that these connections cannot be established in any permanent sense. From meeting to meeting, almost from moment to moment, the group members meet reality on new ground, with new connections constantly to be discovered as each member works at the job of building a bridge between past and present experience.

The worker's search for common ground is expressed in two major forms of activity. One is his efforts to clarify the function of the group and to protect this focus of work against attempts to evade or subvert it—whether by the agency, the group, or its individual members. The other is represented by consistent efforts to point up for the members those areas in which they feel, however faintly, an interest in the social objects which confront them. The clarification of group function represents an active demand by the helping agent that the agency, the group, and its members begin their working relationship with a clear "contract" and a common understanding of the issue: What are we doing here together? All of this is based on the worker's conviction that the search for common ground begins most auspiciously on a field where the members and their tasks have been, so far as possible, brought face to face. The endeavor to uncover and discover connections between individual goals and social realities is rendered infinitely more difficult when the terms of these realities are themselves shifting and unstable; as, for instance, when the worker "builds character" while pretending to teach basketball, or "improves social relations" when the group has enlisted his skill in clay modeling. Further, these attempts to guard the focus of work do not end when the initial statement has been made and the terms of the agreement reached. His activities in this regard persist as he continues to guard the focus of work or, where change in focus is feasible and permissible, helps the group to consider such changes openly and realistically.

The second complex of activities through which the worker searches for common ground begins with the worker's efforts to seek out the general lines of subject-object connection. This is a kind of internal process whereby he looks deeply into the characteristics of both subject and object to find the elements of attraction and to make himself alert to the possibilities of future engagement. What is the attraction between the gang member's hostility toward social norms and society's demand for conformity to these norms? Between the Jewish youngster's desire to be like others and the agency's emphasis on Jewish belongingness? Between the shock of diagnosis experienced by patients in an orientation group and the hospital's need for the patients to move smoothly into the necessary procedures, rules, and routines?

These are, in a sense, "diagnostic" attempts, but such preparatory insights cannot effectively be used to impose a series of prefabricated connections on a ready-made series of events. For the most part this awareness of the general lines of connection is used in three ways:

it enables the worker to be more responsive to subtle and covert requests for help; it compels him to focus on the here-and-now, and to see through the members' evasions and denials to the strengths that lie hidden; and it helps him to structure the situation to favor strength rather than weakness.

2. As the search for common ground continues, the helping agent is constantly confronted with another task which, though it is a corollary of the first, is important enough to be considered on its own terms. This task evolves from the fact that the member's access to social reality is constantly impeded by obstacles which are thrown up in the course of the engagement. The existence of these obstacles is usually obscure to the group member himself. His awareness is limited by his incomplete vision of the common ground and by his own subjectivity, which makes it difficult for him to recognize his own defenses, to distinguish between internal and external deterrents, and to assess his own productivity at any given moment. Thus, a force is needed within the learning group system that will *challenge the obstacles* as they appear, by calling attention to their existence and asking the group to come to grips with them. This is the second major task of the helping person.

These obstructions stem from many sources and appear in many forms. They originate in past experience and crystallize in the moment-to-moment events of the group situation. They are created by the attitudes of the members, the human image projected by the worker, the nature of the things to be learned, and the function of the agency. The origins of the obstacles are, in fact, so complex and interrelated that it is impossible for the worker to define causation as he approaches them in the context of the group experience.

Fortunately, it is unnecessary for him to do so. What is necessary is that he recognize these phenomena, that he accept them as relevant to his professional responsibilities, and that he offer help with the concrete learning problems they indicate. Whatever its underlying source, each obstacle always takes the form of a very specific struggle between the members and their present tasks: the group has a decision to make, has stressed its importance again and again, but falls into aimless chatting whenever the subject comes up; a member accepts a task with enthusiasm, and repeatedly fails to perform it; a group proceeds, halfheartedly and unsuccessfully, on a course unanimously approved by the members but, in fact, subtly imposed by the worker; another group moves independently, but guiltily, along its "chosen" lines of action.

In these instances, there is an obstruction that lies between the group members and a valued objective, distorting their perception of what is valued and frustrating their efforts to act openly in their own self-interest. There is a path they need to take, and cannot—because its entrance is blocked by taboo. The taboo may be present in the conditions that surround them; often, its complexity is such that it combines several factors. A discussion group may become dull and unproductive because it has built up a fund of resentment against a respected but authoritarian leader. Unable to deal with their need to conform, with the leader's unassailable correctness, or with the general subcultural proscription against self-assertion, the members have no recourse but to express their resistance in listlessness and apathy.

The area of taboo may be painful enough to ward off recognition and remain buried in consciousness as it invisibly directs the actions of the members; or, the group may be aware of its existence but does not dare to enter an unsafe and risky region. Thus, in our example, the members' respect for the leader and their need to be liked by him can be so great that they cannot accept any flaw in him, but can feel only guilt for their own unexplainable lapse of ambition; or they may, on the other hand, feel their resentment against the beloved autocrat but shrink from hurting him or from exposing themselves as rebels.

In either event, the effect is evasion of the obstacle that impedes their path to productivity. Consciously or unconsciously, the members withhold their energies from the task before them. Instead, they devote themselves to movements which reflect no real investment in content, but only their efforts to create the best imitation they can muster.

In the activities designed to carry out the worker's task of dealing with obstacles, he directs himself toward three major forms of endeavor. The first includes those actions in which he reveals the fact that an impediment exists and that this is permissible. His actions here are not "interpretive" in the usual sense; he has no way of "diagnosing" the nature of the difficulty, and no right to ask the members to deal with his causative explanations, even if he were extremely intuitive in this regard. He asks them, simply, to recognize the fact that an obstacle exists, in the form of apathy, evasion, or inconsistency, between them and a desired objective.

The second category includes those movements by which the worker offers support and assistance as the members enter the area

of taboo and seek to determine the nature of the impediment. This is to say that the worker helps them to examine the ways in which they are operating against their own interests in this situation. The attempt here is not to exorcise the taboo—that is, eliminate its power for all time—but to help the members identify it and examine its effects. It is important only that they recognize the source of their present frustration and free themselves to determine the direction of their self-interest. In this aspect of the worker's activity, he is asking them to recapture control of their own impetus, and to begin by discountenancing the illusion of work where none exists.

In the third category of activities, the worker moves to keep the function of the group alive lest it be lost in the preoccupation with obstacles. The challenging of obstacles is based on the fact that they come between the member and the social product. When these impediments cease to be regarded as such and become objects of interest in their own right, the analytical process itself becomes an obstacle which needs to be dealt with. This calls for certain movements through which the helping process exercises a kind of "demand for work," an emphasis on performance; the helping agent asks the group members to continue with their functional tasks even as they examine the obstacles to their achievement. This is still another way of saying that the examination of obstacles is part of the group function itself and that one does not cease as the other begins.

3. The third task encompasses those movements in which the helping agent makes a contribution of data in the group situation. The term "data" is used here to denote any ideas, facts, or value concepts which the members may find useful as they involve themselves within the system. Whether the members' tasks are related to the specific problems of mastering facts and concepts in an established sequence, or to a less tangible complex of attitudes and feelings, the worker has a responsibility to offer what he feels they can utilize from his own store of experience. The worker's grasp of social reality is one of the important attributes that fit him to his function; while his life experiences cannot be transferred intact to other human beings, the products of these experiences can be immensely valuable to those who are moving through their own struggles and stages of mastery.

Thus, nothing can be more destructive to the worker's function than his decision to withhold knowledge on the sole grounds that the member must make his own way. Such withholding is inevitably interpreted by the individual as deprivation, hence rejection; and the result is generally the very opposite of what the worker intends.



It is common, for example, to find situations where the group members spend a major part of their energies in straining to find answers which are hidden in the worker's questions; in this game of educational hide-and-seek, dependency increases as frustration mounts and as the members learn to search for hidden answers rather than to explore the nature of the problem itself.

In providing access to data, the worker is, in effect, providing access to himself. His demand for a culture of work, and for a free sharing of ideas, can best be met if he makes himself available, as he would have them become available to him and to each other. What he knows should be accessible to the members of the group, not after they have tried to proceed "on their own," but in the course of their deliberations so that they may use him in their work. The need to withhold is generally felt by workers whose relationship to the group is too fragile to be sustained in a culture of work. Where the dependence on authority is already great—and not necessarily created by the worker—the reluctance to offer more information to be swallowed whole is a natural one. But the fear of creating dependency must be met in other ways. The worker who finds common ground, is sensitive to the climate in which the subject-object engagement proceeds, and is prepared to challenge the obstacles as they appear, will have no fear that the problem-solving process will be endangered by his assumption of full status as a knowing person in the group system.

As the worker makes his contribution of data, several major considerations guide his movements. The first is his awareness that his offering represents only a fragment of available social experience. If he comes to be regarded as the fountainhead of social reality, he will then have fallen into the error of presenting himself as the object of learning rather than as an accessory to it. Thus, there is an important distinction to be made between lending his knowledge to those who can use it in the performance of their own tasks and projecting himself as a text to be learned. In the first instance, the worker is used in accordance with his function as a mediator of the subject-object relationship; in the second, the worker himself becomes the object.

The second consideration lies in the relationship between the information he shares and the function of the group as this function is understood by the members and by the agency. Often, the worker is tempted to "expose" the group to certain facts and ideas which may, in some future context, be found useful. Such efforts generally serve to confuse rather than enlighten, since there is no frame of reference

within which the data assume weight and significance. Where these acts of the worker constitute a series of ideological "plugs," the effect is to breed a vague distrust of the worker's purpose and of his stated desire to assist the group to carry out its own function.

The function of the group may be considered a general frame of reference to be considered by the worker as he selects the data he will share with the members. Even more important as a factor is the specific working context within which he makes his contributions. Again, this assumes the existence of a culture of work, within which the worker's offering is but a single, important ingredient and the worker is but one of many sources of social reality; with his data, as with everything else, the test of utility will inevitably lie in its appropriateness to the demands of the current task. This is the sense in which the old group work injunction that "program is a tool" is important. It is a tool, not of the worker, but of the group and its members; and, like all tools, each fact, idea, or concept must be fashioned to the specific job for which it is to be used.

The final consideration is that, while the worker's own opinions represent important data, they are such only when presented honestly as opinion rather than as fact. There are many occasions where the member is at the mercy of the worker's power to disguise the distinction between the two. The temptation to becloud this distinction is strong, and often unconscious; culture-bound and ego-bound, the worker is himself unclear in many important areas about the difference between reality and his own constructions of it. But the struggle to distinguish between subjective perceptions and external reality is at the heart of all human learning and growing, and the worker who is not engaged in this struggle himself will find it impossible to help others in the same endeavor. As he helps them to evaluate the evidence they derive from other sources—their own experiences, the experience of others, and their collaboration in ideas—so must he submit his own evidence to the process of critical examination. When the worker understands that he is but a single element in the totality of the member's experience, and when he is able to use this truth rather than attempt to conquer it, he has taken the first step toward helping the member to free himself from authority without rejecting it.

4. The responsibility for contributing data is related to the fourth task that expresses the function of the helping agent. This involves those activities through which the worker reveals, frankly and directly, his own hopes and aspirations concerning the outcome of the group



experience. Borrowing a phrase used by Norman Kelman in another context, we would designate this task as that of lending a vision to the members of the group.<sup>18</sup>

In these activities, the worker reveals himself as a person whose own aspirations are deeply invested in the interaction between people and society, and who has, through his own struggles, developed a vision of what life can and should be like. In his enthusiasm, his sense of urgency, and his capacity for empathy, the worker demonstrates that his own life experience is involved here, that he has a stake in society, and that he is not here simply to dispense solutions to problems that are beneath him and irrelevant to his own concerns.

More specifically, the worker reveals his emotional involvement in three important ways. The first is his faith in the system itself and in the conditions under which the growing experience takes place. By his movements to safeguard the function of the group, he expresses his respect for the dignity of the group itself and for the reasons which created it. By his refusal to trade identities with either the members or their materials, he demonstrates his faith in the constructive power inherent in the relationship of one to the other.

The second aspect of the worker's personal investment is revealed in his attitude toward the relevant data of the group system. In this respect, the worker's activity reflects something of what the material means to him—its excitement, its depths, and its importance in the human scheme. As the worker shares his own intense involvement with the materials, he projects himself as a living example of their power to attract and intrigue the human mind. It is only in this sense that the helping agent is a salesman; and without the slightest intent to be one but simply by virtue of his position as, so to speak, a pleased consumer. Without this sense of enthusiasm, this vision of immense possibilities, and his status as a model of mastery, the worker's contribution to the subject-object relationship resolves itself into a mechanical questioning and answering; with it, there can be a challenge, a driving curiosity, and a strong motive for work.

Finally, the worker's affect is a strong component in his relationships with the members of the group. The professional relationship can be described as a flow of affect between worker and member, combining the expectations and perceptions of one with the other, as they work together—each on his own tasks—within the group system. Their interaction is based on the circumstances which brought

<sup>18</sup> *Ibid.* Dr. Kelman speaks of the necessity to "lend our vision to the patient" as the psychoanalytic process proceeds. Although his meaning here is slightly different from ours, his general intent is similar to the one we mean to convey.

them together; and it is in the work itself that their feeling for each other grows. In this light, the worker's efforts to establish relationship go much deeper than the kind of wooing in which he seeks to gain the member's acceptance and approval through the exercise of his personal warmth and attractiveness. The human qualities of the worker, however engaging they may be, should not be used to divert, to charm, or to build personal dependency.

The worker, sensitized by his own need to cope with the complexities of living and growing, has a fund of feeling from which to draw his attempts to understand the member's struggles in detail. This understanding is reflected, not in a generalized "wanting to help," or "giving love," or "accepting them as they are," although these purposes provide an important ideological base from which to operate. Rather, his understanding is communicated in his ability to empathize with the precise feelings engendered in the learner by the demands of a particular task in a specific situation. The worker's ability to call up parts of his own experience, to communicate his feelings, and to demonstrate an active faith in the productive capacities of the member are important parts of the image of vitality that he projects.

In all, the worker's feeling involvement in the group system demonstrates better than words his conviction that the process of growing is complicated and difficult, but also challenging and rewarding if one is left free to conjure with it and to test one's experience under conditions where one can err without failing completely. The worker lends his vision to the members, not in order to exchange it for theirs, but because his aliveness, his faith in productivity, and his stake in work are inherent in his function as a helping person.

5. The agency, the worker, the group, and its members are related to each other by certain rules and requirements imposed upon them by the terms of their agreement. These requirements emerge first in the conditions under which the group is established, its function identified, and its procedures initiated. Later, the rules are modified, amplified, and reinterpreted as their concrete implications become clearer in the events of group life. These expectations are not limited to those imposed upon the members by the agency, or by the worker; they are reciprocal in that each actor imposes certain restrictions and is bound by others. Thus, while the group and its members are held to certain policies and procedures, the agency and the worker are also limited by standards such as equal treatment, consistency in approach, the members' concept of fair play, and so forth.

To the extent that the terms of the agreement are specific and

unambiguous, the participants are free to pursue their tasks within the system in their own characteristic ways. Where the rules are, or become, obscure and vaguely defined, the major energies of both worker and members become diverted to exploring the boundaries and testing the limits of the group situation. This leads us to the final task of the helping agent, in which he calls upon the participants of the learning group to face the necessities inherent in the conditions of their association. This definition of the requirements begins with the worker's first attempts to identify the specific responsibilities that have been undertaken by the agency, the group, and the worker himself; it continues as he monitors these realities and calls for clarification at those points where they become obscure.

The most important aspect of these requirements is that they emerge from the function of the group and the necessities of work rather than from the personal authority of the helping agent. As such, they are parts of a reality which is imposed by the nature of the setting, the conditions of group life, and the purposes for which the group has been assembled. The worker is often frustrated by his "inability to set limits," when his real difficulty arises from his failure to recognize that his task is to explain a situation rather than to create one. Club members find it a great deal easier to accept situational realities and limitations—dress requirements, bans on smoking, and other proscribed behavior—than those imposed by the worker in his own name for reasons which are ambiguous, or moralistic, or designed to build character. Since people do not join clubs to have their characters built, such taboos are not perceived as interpretations of reality, and in fact are not.

### *Science and Art in the Helping Process*

Because of our emphasis on viewing the social worker in action, we have concentrated our analysis on his movements within the group system rather than on the personal and professional equipment which he brings to the job. Most attempts to identify the foundations of professional skill have resulted in an encyclopedic and somewhat frightening inventory of virtues. There is, after all, no sphere of knowledge, no personal strength, and no field of competence which is irrelevant to the responsibilities of the human relations worker. And yet we know that the tasks of helping are not performed best by paragons but by those who want to help, know what they are trying to do, and have sufficient mastery of themselves and of social

realities to offer their strengths in the struggles of others. Thus, the central problem for the helping agent does not lie in his nearness to perfection but in the extent to which he can mobilize the powers he does possess in the service of others. In order to find the common ground, he must use certain specific knowledge about human beings; in order to contribute data, to reveal his own stake in society, to define the rules, and to challenge the obstacles in the learner's path, he must be free to share what he has of sensitivity, science, and personal maturity. Where the worker proceeds from a clear sense of focus and function, his own strengths are tools that he uses in the specific tasks that he is called upon to face. As such, his powers are not pitifully inadequate replicas of a formidable ideal but full-blown strengths which he is free to own and to share.

There is nothing in the conception of a professional methodology which denies or subordinates the uniquely personal and artistic component which each worker brings to his administration of the helping function. On the contrary, the concept of a disciplined uniqueness is inherent in the definition of art itself. In a broad sense, we may view artistic activity as an attempt, by someone innately endowed with extreme sensitivity to the world about him, to express strong personal feelings and aspirations through a disciplined use of his materials. The analogy between the helping agent and the creative artist can be struck at several points. In both, there is an emphasis on feeling, on an empathic quality which is cherished as a tool of the craft; both feel a constant need for fresh insights into the nature of things and for new ways to express their view of the world; in both, there is a strong preoccupation with essences and basic principles; there is a high degree of subjectivity, of self-consciousness, which constitutes a major element in their ability to create new vistas and new perspectives; in both, the creativity is nourished by the continuous search for truth and is, in fact, an expression of this search; and both require an atmosphere in which one is free to explore, to err, to test reality, and to change.

If we add to these the powerful urge of both the artist and the social worker to communicate their view of life and to affect the experience of others through their artistry, then the sense in which the helping art is distinguishable from that of the painter, the musician, or the writer lies only in that which they are impelled to express, the nature of their materials, and the processes through which they move in order to carry out their functions.

## DISCUSSION OF THE SOCIAL WORKER IN THE GROUP

RUTH E. SMALLEY

Mr. Schwartz has made a clear case for social work as a profession in its own right through identifying its unique function and suggesting the outlines of a unique method, which he sees as a unified method, for the realization of that function at the direct-service level.

He identifies an interesting problem in the study-diagnosis-treatment conceptual base for social work practice. I believe with Mr. Schwartz that this concept, borrowed from medicine and no longer applicable there in the form in which it is sometimes still applied in social work, is inappropriate to the nature of social work and impedes the realization of its true purpose.

I hope we may be inspired and fortified to use a conceptual base for the practice of social work which truly leads to the achievement of social work purposes, and which embodies important values which underlie the social work profession. We need to describe and use a *helping* process which is our own, a helping process in social work, and I say "helping process," not "problem-solving process," because the term "helping" itself connotes the relational field within which the operation takes place. It implies a relationship of two or more persons with one of them charged with lending himself, his knowledge, his skill, his resources, to the service of another. This is not to say that the social worker is unconcerned with problems, or proceeds without evaluating the nature of the situation in which he is engaged, including the nature of the person(s) engaged in it with him, and the way he or they are using it as they work together on problems mutually identified. Such continuous evaluation is basic to a social worker's continuing responsible participation in the helping process. However, to describe that process in static sequential terms (study-diagnosis-treatment) in terms of a sequence that has discrete parts and that implies a unilateral, one-sided activity seems to deny the interacting and constantly evolving character of the helping situation and the responsible role of the client in it.

Mr. Schwartz states the general functional assignment of the social work profession to mediate the process through which the individual and his society reach out for each other through a mutual need for self-fulfillment. Here is true recognition that the social worker is serving society and the individuals who comprise it, not in the

uneasy position of a referee between two antagonistic forces, but out of a recognition that any society, as we in the Western world conceive it, can realize itself fully only through fostering the fulfillment of its members, and that individual fulfillment is possible only through a realization of the self as an individual who is social. Individuality derives from experiences *in relationship* in societies, big and little, and, in turn, out of its development contributes to and enriches the societies from which it has derived.

While in full accord with this point made by Mr. Schwartz, I would prefer another expression to "mediating the process through which they reach out to each other." I think I would say "furthering" or "facilitating" the process and I am not sure that even that would quite say what I have in mind. I think of the purpose of social work as being: (1) to release human power in individuals toward their fulfillment of themselves as individuals who are social, and (2) to release social power for the creation of the kind of society that makes the social self-realization of individuals most possible.

Fourteen years ago, Kenneth Pray, in answering the question, "When is community organization social work?", spoke in terms highly compatible with Mr. Schwartz's conception of a unified or generic social work method:

In my opinion, community organization practice is social work practice . . . its practitioners can share in the development of a single profession of social work, on three conditions: first, if their primary concerns and objectives relate always to the development and guidance of the process by which people find satisfying and fruitful relationships, and not to the attainment of specific preconceived products or forms of relationship; second, if these objectives are sought consistently through the realization of a democratic philosophy and faith which respects the rights and responsibilities of communities, as of individuals, to create their own satisfying relationships, and to use those relationships to their own chosen ends; and finally, if the basic processes, methods, and skills that are demanded and employed in practice are those that inhere in the worker's capacity to initiate and sustain a helping, not a controlling, relationship with individuals and groups.<sup>1</sup>

Mr. Schwartz opens with a proposal that social casework and social group work no longer be thought of as discrete methods in social work, but that a conceptual base be developed for a social work

<sup>1</sup> Kenneth Pray, "When Is Community Organization Social Work Practice?" *Social Work in a Revolutionary Age* (Philadelphia: University of Pennsylvania Press, 1949), pp. 286-287.



method appropriate for any field of practice and for use in a relational field of two, client and worker, or more—worker and group. The general tenor of this proposition seems to me to have much to recommend it, and to some extent it is already in process of realization. However, just as in stressing generic characteristics of social work methods whatever the field of practice, we have continued to emphasize the way a given field of practice (medical, public assistance, and the like) *affects* method and introduces a specificity which must be taken into account and learned by the social work practitioner, so it is important to remember that differences in working with a single individual and working with a group also affect, and perhaps with even more complexity, the nature of the helping process itself. Mr. Schwartz's own words demonstrate what casework teachers need to learn from group workers and group work teachers before they can become effective as teachers of a single social work method. And, as a former casework teacher, and to some extent a present one, I could suggest some principles of helping which could conceivably enrich the methodological task for social work which Mr. Schwartz spells out so interestingly for all of social work but which he illustrates, rightly, solely for work with groups. We have already set ourselves to the task of teaching a social casework and a social group work method in social work applicable in any field of practice. We have identified as one of the generic characteristics of either method that it is affected by the field within which it is practiced. This fact requires the social worker who moves from field to field to make his own, psychologically and internally, as well as through the acquisition of specific knowledge what is necessary for the helpful and effective giving of service in the new (to him) field of practice.

We have already identified generic characteristics of social casework and social group work method. We know that to some extent both caseworkers and group workers work with individuals and with groups in the daily conduct of their jobs, although the emphasis and the bulk of the work of both are with individuals *or* with groups. Schools of social work have devised various ways of preparing their students to appreciate the likenesses and differences in the basic social work processes (casework, group work, community organization) which flow from the use of the corresponding method. We may indeed be moving toward the development of a single (direct-practice level) method of social work. Certainly the field is demanding increasingly this kind of skill in workers. We may be moving toward the teaching of a single method in social work. As I see it now, however,

this would not rule out the possibility of providing a concentration in work with individuals or with groups, nor do I think, at this time, that it *should* rule out such concentration. Despite our greater clarity about, and skill in, teaching the generic elements in individual and group helping, too much that is different and distinctive remains to deny that difference. To do so at this stage in the profession's development and to fail to take it into account in the preparation of social workers would be to cripple the helping potential of workers engaged with individuals or with groups.

The point that Mr. Schwartz mentioned and then, it seemed to me, neglected a bit, has to do with the relation of the social agency to social work helping. He refers to the systems within which the social work profession in general and the social worker in particular derive and carry out a social work assignment. He suggests three such systems: first, the general system of society itself within which the profession has been set in motion and given a sphere for achievement; second, the social agency system within which the social worker translates agency function into concrete service, a kind of partialization of the larger social system from which it derives its own special assignment; and third, the specific client-worker relationship, one-to-one or one-to-group.

Mr. Schwartz later works in considerable detail on the function of the group, almost at some points as though it were in opposition to, or at any rate not closely related to, the function of the agency within which the group is being served. He speaks of the importance of the definition of the requirements which begin with the worker's first attempts to identify the specific responsibilities that have been undertaken by the agency, the group, and the worker himself. He speaks rightly, it seems to me, of expectations of agency, worker, and client as being reciprocal; yet, his illustration seems to put the agency and worker *against* the client in a way that seems to me unreal. He says: "Thus while the group and its members are held to certain policies and procedures, the agency and the worker are also limited by standards like equal treatment, consistency in approach, the member's concepts of fair play, and others." This sounds as though, left to their own devices, both agency and worker would engage in foul play, treat the group members unequally, and be inconsistent in approach. My view would be that the standards of fair play and so forth inhere in the social work profession and in any social agency's concept of its social responsibility and do not depend solely on the clientele served for enforcement. There is an inner constraint in the agency and in



the profession of social work to operate in a way the client has a right to expect, just as there is an inner wish and capacity in the client to function in the way society and the social agency expect him to function.

Perhaps this gives me the opportunity to make a point and a final one with which I cannot but think Mr. Schwartz would be in full accord. Society's purpose for the profession of social work comes alive through the social agency programs which society has established and maintains. The professional social worker can be counted on to embody the values, knowledge, and skill necessary to get those services to the clientele whom they are designed to serve through the use of the social work relationship method in such a way that they stand the best possible chance of being used for both individual and social welfare. In other words, the professional social worker is not engaged in some activity other than the one his employing agency is constrained to make available. His agency's purpose constitutes the whole of his effort. He *is* the agency in operation; he makes it real; he sees that its social purpose is realized for society as a whole and for the individuals immediately served by it. With this kind of understanding we can avoid the curious dichotomy which sometimes seems to prevail between the purpose of society in having a profession of social work and the purpose of the social agency which is, as Mr. Schwartz points out, but a partialization of the larger social system and within which the professional social worker translates agency function into concrete services and specific helping situations involving the client-worker relationship one-to-one or one-to-group. In making available the services of his agency to the clientele served, the social worker expresses both his general function as a professional social worker and his specific function within the agency complex. I would say that he expresses his general function as a professional social worker through expressing his specific function in the particular agency context in which he is currently engaged. Mr. Schwartz really makes this clear when he says that the client-worker relationship viewed from a distance may thus be seen to be a system (a relationship system), within a system (the social agency system), within a system (the larger societal system) which has entrusted certain functions to social work. These functions seem to me to embrace *both* certain social services and the professional knowledge and skill necessary to administer them.

## **Social group treatment: some selected dynamics**

**JOYCE GALE KLEIN**

*The guide, pointing to a fair-sized lecture room, said,  
"And here is where we have group therapy. Here we teach  
the mothers what they should know (sic)."*

Within the social work profession the effort to distinguish treatment of clients collectively from therapy in groups conducted under the auspices of psychiatrists, psychologists, nurses, occupational and industrial therapists, clergymen, and physiotherapists is never-ending—and completely confusing. "Casework-oriented group work," "psychiatric group work," "therapeutic group work," "group therapy," "group psychotherapy," "social work with groups," "group counseling," "group guidance," and "family life education," all have been identified as similar activities at times in the social work literature. Until there is even tentative agreement in the field as to what is meant by treatment of clients in growth-oriented groups, it will be difficult to establish the relationship of the group program to that of the social agency; to differentiate roles of workers and clients in one-to-one and in group treatment; to propose criteria for selection of client members; to make full use of available knowledge of the effects of group participation as part of a treatment plan; and to suggest training and supervised experiences needed for effective group treatment knowledge and skill. To help eliminate this farrago of explanations, a working frame of reference is proposed, with the full knowledge that it must be tested and changed in practice. This frame of reference, however, is based within the philosophy and practice of the social work profession.

To test some of the assertions made, a tentative typology, reason-

ably derived from the substance of research, is conjectured for treatment of adult clients in groups. The problem of developing meaningful classifications as a fulcrum for diagnostic and treatment choice has been proposed by a number of social work researchers. Greenwood in 1955 indicated that a well-developed professional practice has at its disposal refined diagnostic and treatment classifications that embrace the entire range of problems faced by that profession.<sup>1</sup>

The words of David Fanshel are apropos with respect to the frame of reference proposed here.

This research study confirms the belief that useful typologies will not issue full blown from some enterprising researcher's brain. Rather, such typologies will be hammered out on the basis of repeated trials in actual research excursions until the most *functionally useful* categories will emerge from the hopper . . . the final carving out of a useful typology must be based, however, on careful statistical analysis to determine which items show the greatest discriminatory strength in explaining client behavior [emphasis the author's].<sup>2</sup>

A typology of treatment goals parallel to that of casework treatment is proposed to support the suggestion that social group treatment is but one possible unit of treatment by social workers. This frame of reference applies to adult clients in social agencies and to social service departments in host settings as well. It is freely adapted from the 1953 *Scope and Methods of the Family Service Agency*.<sup>3</sup> The reader will immediately perceive that the proposal is made for "social agencies," not casework agencies, for it is believed that this frame of reference might be useful for group education and group treatment in an agency primarily serving groups or persons in a one-to-one relationship. This is particularly so if service to clients in groups is looked upon as a continuum that calls for the assumption of differing roles and skills, depending upon the nature of the group service. The roles in a treatment group will differ widely from those in a leisure-time activity, and it is rare that the same worker will feel as competent or comfortable in one area of group service as in another. The suggested typology, from which the selection may be made of group methods with clients in social agencies, follows.

#### I. Leisure-Time Groups

<sup>1</sup> Ernest Greenwood, "Social Science and Social Work," *Social Service Review*, Vol. 29, No. 1 (March 1955), pp. 20-23.

<sup>2</sup> David Fanshel, "A Study of Caseworkers' Perceptions of Their Clients," *Social Casework*, Vol. 39, No. 10 (December 1958), p. 550.

<sup>3</sup> New York: Family Service Association of America.

## II. Group Education

- A. Family life education groups
- B. Orientation groups
- C. Pre-intake groups

## III. Social Group Treatment

- A. Group treatment aimed at maintaining adaptive patterns
- B. Group treatment aimed at modification of adaptive patterns

## IV. Group Psychotherapy

The leisure-time groups at one end of the continuum will not be considered in this paper. Group education and group psychotherapy will be examined briefly, while the major discussion will be devoted to social group treatment.

### *Group Education*

"Education is the imparting of knowledge; to develop the faculties and powers by instruction."<sup>4</sup>

Education groups for clients, their relatives, or prospective clients of social agencies are established primarily to impart knowledge. Three classifications of education groups will be considered: family life education, orientation, and pre-intake. The knowledge is focused in two main areas: (1) program, policies, plant, and procedures of the agency, and (2) human development, behavior, and social adjustment. The manner in which the worker goes about disseminating this knowledge through the use of skill and understanding acquired in his professional life, his recognition of conscious and unconscious behavior mechanisms, the setting of limitations, and his active, creative guidance make this education group different from the usual adult work. Interactive discussion is generally encouraged. Therapeutic results of such groups, although important, are incidental to the primary purpose of education. Education groups usually meet from one to six times.

A. *Family life education.* Members of parent education, child development, marital relations, and similar groups are presumed to be emotionally healthy and stable individuals, seeking additional information about their marriages and their children.

Education groups of this nature are a mental hygiene preventive activity of the agency which it assumes as a community obligation. Family life education can be a logical extension of the social agency only if

<sup>4</sup> *American College Dictionary.*

1. The goals, within the function of the agency, are well thought out in advance.

2. The groups are seen as preventive in purpose.

3. The groups serve to make known the work of the agency.

4. The social worker's unique contribution, compared to other family educators, is that he draws upon his social work knowledge and treatment experiences with individuals and groups as an aid to better family health. He has a sound foundation of knowledge of individual growth and development. He has obtained, in addition, basic principles of learning from the field of education. He uses his knowledge and skill consciously to affect the group process.

5. The worker is conscious of the effect of confused ethnic, cultural, or social standards and possible lack of knowledge of child development of these group members.

6. He is aware that the family life education group does not seek to modify adaptive patterns, but hopes to help these parents, through free interchange, to change attitudes and feelings about family life on the basis of the presented materials.

B. *Orientation.* This is "the ability to locate oneself in one's environment, in reference to time, place, and people . . . the ascertainment of one's true position as in a novel situation, with reference to new ideas, etc."<sup>5</sup> The purpose of these groups in an institution is to acclimate the patient or relative to program, functions, physical plant, and realities of procedures in order to facilitate future relationships with the institution. When patients are involved, the orientation group has the further goal of helping the patient to accept the realities of the situation in which he finds himself as the first step in treatment. It helps him enter a new experience more readily and start creating relationships with others, thus preventing a state of anomie in the transition from the outside world to the institution. A discharge planning group may be an orientation education group if it centers on information-giving.

C. *Pre-intake groups.* These groups have as their goal the acquainting of the prospective client with the policies, function, and procedures of the agency, as well as the mutual expectations of the agency and the client once it is agreed that the service is to be undertaken. The purpose of this information is to enable the prospective client to reach a decision on whether to apply for service. These groups are usually found among applicants in adult and children's psychiatric clinics. They may also be used for prospective adoptive or foster parents or for constellations of parent-child relationship

<sup>5</sup> *Ibid.*

problems in family and children's agencies. The purpose of pre-intake sessions is to give individuals the information which will enable them to decide whether to pursue their application.

Since intake, by usage, commonly means the act of applying to an agency for acceptance as a client, these groups are not considered part of the intake procedure but rather as pre-intake. The self-selecting possibilities available as individuals learn agency requirements, the finding of others in similar situations, the avoidance of possible rejection, and the anonymity that can be found in the group, are supportive. The prospective applicant does not have to express or commit himself. He can escape the risk of lack of confidentiality if introductions are avoided. An opportunity for individual conferences should always be provided.

Considerable diagnostic material may be revealed in the orientation and pre-intake types of groups. There are frequently experiences in a psychological tour of the agency or institution that enable the individual to relate more readily to treatment—individual or group—once it is available. These groups usually meet one to four times.

### *Group Psychotherapy*

This is analytically oriented group treatment aimed at personality reorganization in an individual who has a psychiatrically diagnosed emotional problem. It is conducted under psychiatric supervision, by a person professionally trained in the use of individual unconscious material, fantasy, dreams, free association, and transference in depth beyond the scope of the usual social work training. Like individual psychotherapy aimed at basic personality reorganization, it is not included in the selection of group treatment aims in social agencies except under very rare circumstances. According to *Scope and Methods of the Family Service Agency*, the family service caseworker ordinarily does not have the background or skills to handle this depth of material.<sup>6</sup>

### *Social Group Treatment*

"Treatment" is used here to mean "dealing with" or "subjecting to some action."<sup>7</sup> These treatment groups are distinguished by five elements: psychic interaction, purpose, collective perception of the

<sup>6</sup> *Op. cit.*, see p. 18, footnote 6.

<sup>7</sup> See Helen Perlman, *Social Casework* (Chicago: University of Chicago Press, 1957), p. 181.

group, smallness of number, and continuity of usually at least ten to twenty or more sessions.

These are groups in the social work agency which have been suggested as the treatment choice for selected clients. Here a social worker is involved in working with a number of clients collectively, for each of whom he has a tentative psychosocial diagnosis and treatment plan. A diagnosis is also made of the group before the client is invited (or required by doctor's prescription) to join. The social worker consciously affects the group process and makes use of his knowledge of individual behavior and the dynamics of both the group and each individual as an aid to treatment in the group situation. Social group treatment is used alone or in combination with casework at various stages of the presenting problem, so that "the effect of treatment is to reduce social and emotional pressures and to increase the client's capacity for satisfactory social functioning."<sup>a</sup>

Social group treatment objectives should parallel those of individual casework treatment, remaining within the area of the worker's competence with individuals and groups, agency purpose, and mutually agreed-upon goals. Only a careful assessment of the client's situation will enable the worker to understand (1) whether the group treatment aim is the supporting and maintaining or the changing of adaptive patterns classification, and (2) how this goal can be reached—individually, through a group service, or by a combination of both.

Criteria for member selection are extremely complex. The tentative diagnosis of both the individual and the group, with the problems, needs, motivations, and capacities involved, present stage of development, available groups and their purposes, as well as the worker's capabilities—all are taken into consideration when social group treatment is suggested for a client. Each must be evaluated to ascertain how it fits into the other's present needs. Criteria are proposed, with the recognition that they must be tested in practice. These are intended merely as preliminary guides, to aid in the selection of individuals whose chief difficulty lies in the area of interpersonal relations, or whose social functioning can be improved through group participation that strengthens the identity of the individual.

Sherman notes Ackerman's belief that group treatment may implement symbolic re-enactment of the individual's interaction with family, or the individual's interaction with a wider social group. This strongly points to the suitability of a group form of treatment for

<sup>a</sup> *Scope and Methods of the Family Service Agency*, op. cit., p. 8.



the individual in almost direct ratio to the degree in which his problems are centered in social relationships in the family and outside.<sup>9</sup>

The rationale for treatment of the individual in a group setting rests on certain assumptions:

1. The social nature of man.
2. The importance of reference groups in his life.<sup>10</sup>
3. The ability of the group to be a medium of planned change.
4. That the therapeutic process is basically the same in both individual and group treatment.<sup>11</sup>

5. That all groups display the same basic elements of group process. Since treatment groups are *formed* groups and have a select membership, one must keep in mind that the processes vary in combination and degree from other small groups, depending upon such factors as the purpose of the group, the social system in which it exists, the individuals who compose it, as well as the unique qualities of the social worker who works with the group.<sup>12</sup>

A. *Group treatment aimed at maintaining adaptive patterns.* "The aim of this type of [group] treatment is to help the client, within the framework of his pattern of functioning, to find solutions to his problems and to improve his social reality. Treatment is directed toward supporting the existing strengths and toward increasing the ego's integrative capacity."<sup>13</sup>

<sup>9</sup> Sanford Sherman, "Utilization of Casework Method and Skill in Group Counseling," *Social Work with Groups* (New York: National Association of Social Workers, 1958), p. 111.

<sup>10</sup> A person is a member of a multitude of groups. Some of these influence him more than others. The groups that influence him most are his *reference groups*, characterized by Muzafer Sherif, a social psychologist with analytic orientations, as "those groups to which the individual relates himself as part or to which he aspires to relate himself psychologically. It is apparent that the group to which the individual relates need not always be the groups in which he is actually moving [membership groups]. In many cases his reference groups are the same as his membership groups." Muzafer Sherif, *Group Relations at the Crossroads* (New York: Harper & Brothers, 1955), pp. 203.

<sup>11</sup> See, for example, S. R. Slavson, *Analytic Group Psychotherapy* (New York: Columbia University Press, 1950), p. 3; Jerome Frank and E. Ascher, "Corrective Emotional Experience in Group Therapy," *American Journal of Orthopsychiatry*, Vol. 108, No. 4 (1952), p. 771; Alice Taggart and Saul Scheidlinger, "Group Therapy in a Family Service Program," *Social Casework*, Vol. 34, No. 9 (November 1953); Sanford Sherman, "Utilization of Casework Method and Skill in Group Counseling," *op. cit.*

<sup>12</sup> Saul Scheidlinger, *Psychoanalysis and Group Behavior* (New York: W. W. Norton & Co., 1952), p. 219. See also James Mann, M.D., "An Analytically Oriented Study of Groups," *Journal of Psychiatric Social Work*, Vol. 20, No. 4 (June 1951), p. 158.

<sup>13</sup> *Scope and Methods of the Family Service Agency, op. cit.*, p. 18.



This type of social group treatment may be useful for clients with the following problems:

1. Need of help in accepting a reality situation over which they have little control.

2. Need for a peer group to reinforce the client's ability to maintain himself. Groups that help the patient remain in the community are examples.

3. Difficulty in relating to others. Individuals who need help in establishing better peer relationships. "Deficiencies in ego functioning are seen as deficiencies in human relationships and the group therapist attempts to rebuild human ties as the indispensable first step in ego building."<sup>14</sup>

4. Deterioration and consequent need of habit training.

5. Evidences of "social hunger," combined with difficulty in making positive use of the casework relationship.

6. Need for reality testing. Predischarge groups are an example.

7. Those for whom the support of others is the best means of sustaining the client. "It is common knowledge that certain individuals are capable of integrating their personalities into a particular form only as they derive support from the environment for such integration. In this sense, certain forms of personality balance are parasitic. The intactness and stability of the self in such instances depends on the support of the environment. A young mother . . . manages her household and baby as long as her own mother remains. . . . When her mother leaves, she falls apart emotionally. . . . Her adaptation to the roles of mother and housekeeper disintegrates."<sup>15</sup>

By way of negative selection, note also that individuals with serious ego defects and psychotics who are unable to relate to others should be omitted from the group.

*B. Group treatment aimed at modification of adaptive patterns.* "The aim of this type of [group] treatment is to help the client handle specific aspects of his psychosocial situation with patterns of functioning different from those used in the past. Its goal is to improve the client's ability to master reality situations by increasing his understanding of himself, of his problems, and of his own part in creating them. . . . It strengthens the ego's ability to assess reality, thereby reducing anxiety and the use of destructive defenses. It deals with

<sup>14</sup> Selma Fraiberg, "An Appraisal of Group Methods in Casework Agencies," in *The Use of Group Methods in the Practice of Casework* (New Orleans: Tulane University, 1960), p. 40.

<sup>15</sup> Nathan Ackerman, *The Psychodynamics of Family Life* (New York: Basic Books, 1958), p. 60.

conscious and pre-conscious material; it does not attempt to recognize the basic personality structure."<sup>16</sup>

This type of social group treatment may be useful for clients with the following constellations of problems:

1. Inability as yet to tolerate a one-to-one treatment relationship.
2. Anxiety states, anxiety neuroses, and anxiety hysterias—these clients are "good prospects for the group as they are often less disturbed in groups than in individual sessions where they have to face the therapist alone and where they often project their fear of the punishment into the therapeutic situation."<sup>17</sup>
3. Need for a temporary dilution of the relationship of the client to the worker.
4. Need for exposure to a wider spectrum of roles than can be obtained in a one-to-one relationship.
5. Overemphasis of social behavior. The group "seems indicated for the patient who shows a persistent tendency to deny psychic aspects and to over-emphasize the social aspects or the behavior of the other marital partner in the marital conflict."<sup>18</sup>
6. Open feelings of hostility and resentment toward significant members of their primary or present family.<sup>19</sup>
7. Characterological problems—clients whose orientation to life is colored "by over-all feelings of inadequacy, weakness, fear of others, and narcissistic self-protection." "We did not seek cure, we sought for improvement. We sought for adaptations and modifications of behavior that would make for more satisfying life experiences. . . ." <sup>20</sup>

#### *Worker Role Differences Between Group and Casework Treatment*

One of the vexing problems voiced by some social workers is the inability to distinguish between their roles in a group and in an interview. While they recognize the similarities, the differences prove perplexing. There may be some value, therefore, in suggesting a few of the role prescriptions that change when the worker faces his clients collectively, as compared to a one-to-one situation.

<sup>16</sup> *Scope and Methods of the Family Service Agency*, op. cit., p. 20.

<sup>17</sup> Taggart and Scheidlinger, "Group Therapy in a Family Service Program," op. cit., p. 263.

<sup>18</sup> Sanford Sherman, "Group Counseling," in Victor Eisenstein, ed., *Neurotic Interactions in Marriage* (New York: Basic Books, 1956), p. 296.

<sup>19</sup> See Elsa Leichter, "Scope and Versatility of Group Counseling in Family Casework," in *The Use of Group Techniques in the Family Agency* (New York: Family Service Association, 1960), p. 6.

<sup>20</sup> Rosalind Sands, "Method of Group Therapy for Parents," *Social Work*, Vol. 1, No. 4 (October 1956), p. 56.

Grunwald writes that the group setting provides two essential tools:

... a modified client-worker relationship and the accessibility of group members to each other. The relationship to the worker is diluted in a group setting and at the same time is more objective and realistic because the client experiences the worker's responses to others in the group as well as to himself. Accessibility to each other leads to mutual support and furnishes a source of ego strengthening, testing and readjustment of adaptive patterns of behavior."<sup>21</sup>

Some of the differences of role between group and interview treatment, respectively, may be enumerated, but this can hardly be an inclusive list since role fulfillment varies from interaction to interaction within the group setting.

1. There is dilution of transference and countertransference in the group.

2. The worker makes use of himself both directly and indirectly with an individual. For example, he may limit, support, interpret, challenge, and so on, the group-as-a-whole or other members of the group, knowing that these actions will have a certain effect on Client B.

3. The worker sees action as it happens in a living, present situation, not as a subjective report from the client after it happens. The client's recall is not distorted.

4. The client has a wide range of exposure to reactions from a number of group members. This can facilitate the worker's diagnostic understanding as well as treatment of the individual's social relations.

5. There is less interpretation by the worker, as others are listening in on the "party line."

6. There is more interpretation of behavior by other group members.

7. The worker is not the only therapist. The group interaction is the prime therapeutic agent.

8. The worker is more protective of the client and permits less exposure, by helping to limit his premature revelations to the group. This can be related to testing, evaluating, and cohesiveness of the group. He takes responsibility for setting limits.

9. The worker has more control over the one-to-one interview than he has over the group.

<sup>21</sup> Hannah Grunwald, "Group Counseling in a Casework Agency," *International Journal of Group Psychotherapy*, Vol. 5, No. 2 (April 1955), p. 183.

10. There is the necessity not only for constant evaluations of each individual member but also for what Gertrude Wilson calls "split-second diagnosis" of the group—subgroups, cohesiveness, structure, the isolate, the scapegoat, and so on are all considered.

11. The worker, if attacked, is not called upon to defend or explain his actions, since some group member usually comes to his rescue.

12. The social worker's role changes considerably in the various stages of the group life and he has to be more active in use of structure in the beginning phase of the group.

### *The Client as the "Consumer" of Group Treatment*

Here are collected some of the possible benefits that may accrue to clients in a group situation, which differs, if only in degree, from the casework relationship. It is recognized that there may be negative qualities in a group, as there are in a one-to-one situation. These can readily be inferred as some of the growth-producing values in the group situation are cited.

1. There is usually a less intense experience in a group than in casework. Some clients are not ready to undergo an undiluted relationship with the worker.

2. The client has the opportunity to be exposed and to react to a range of stimuli, from group members as well as from the worker.

3. While he may be more vulnerable to attack and exposure in the group, at the same time he is usually supported by the group.

4. He is granted status in the eyes of the other members through the worker's attention and attitude. When this occurs, it may serve to increase his self-esteem.

5. "The group client is not unrelievedly the focal point of attention of any one person as he would be in the individual treatment relationship. He can stay under cover and emerge into the group at his own pace."<sup>22</sup>

6. The group affords him a place for reality testing. "Experiential place for new growth and expansion of the ego."<sup>23</sup>

7. He has the feeling of belonging, of being liked by others, which comes from the opportunity to relate to others in a controlled situation.

<sup>22</sup> Sanford Sherman, "Utilization of Casework Method and Skill in Group Counseling," *Social Work with Groups* (New York: National Association of Social Workers, 1958), p. 112.

<sup>23</sup> George Bach, *Intensive Group Psychotherapy* (New York: Ronald Press, 1954), p. 161.

8. He has the need to "live up to" the group culture, norms, and expectations.

9. He experiences the "mirror" effect of seeing behavior and attitudes in others which, because of his own problems, he may not have been able to recognize in himself. Even workers who have comparatively little experience with the group process in treatment settings tell of the helpful effect that "mirroring" has on members of their group.

10. It is through examination by others in the group of how the client interacts with them, rather than the self-examination of past experiences, that the client is most frequently helped.

As part of the frame of reference, criteria for the use of social group treatment may be offered.<sup>24</sup> Group treatment can be regarded as a valid service of a social work agency when it promotes the objectives of that agency in service to individuals and families; when it is consistent with the ethical and philosophic base of social work; when it can demonstrably achieve certain benefits for individuals that the one-to-one relationship alone cannot achieve; when it employs social work knowledge and experience in dynamics of individual and group behavior for treatment purposes in ways that clearly distinguish it from other forms of casework or group work; and when the group method is differentially used as the treatment of choice, based on the psychosocial diagnosis of both individual and group, on the agency's function, and on the worker's competence in social group treatment.

It becomes apparent that the social worker must be competent in his own specialization before taking on the additional, complex work of therapy through social group treatment, for the group is a powerful social medium with constructive and destructive powers for the individuals within it.

### Conclusion

There is a vigorous movement under way among social work practitioners to apply knowledge and techniques from the two specializations of casework and group work in their efforts with educational and treatment groups of clients and their relatives. Perhaps the time is coming when the many who regard the group as an important medium of change can state that it is *one* unit of treat-

<sup>24</sup> Selma Fraiberg's proposed criteria were paraphrased and embellished in view of the concepts developed in this paper. See Selma Fraiberg, *op. cit.*

ment in the social worker's armamentarium. To use the group as *the method of choice rather than expediency* calls for a recognition that further clarification in practice is necessary.

The worker who wishes to practice his craft with treatment groups must be highly competent in his own specialization, then seek additional training in either group process or dynamics of individual behavior, depending on his orientation to the profession. In short, a social worker with knowledge and skill in a broad center range of the continuum of group work and casework is a social work treatment specialist who can work with individuals or groups according to the treatment plan.

*Social Group Work—Social Group Treatment—Social Casework*

Combination of use of  
group process and knowl-  
edge of individual dy-  
namics for treatment of  
individuals through the  
group.

When we no longer seek to emulate the other helping professions, when we no longer need to call ourselves "group therapists," "group counselors," "group leaders," but only *social workers*, we can stand firmly on what we have to offer that is uniquely ours: service to individuals with social dysfunctions. With carefully thought-out criteria of member selection, treatment goals, and principles of work with individuals and groups in treatment situations, and with a blending of the available treatment methods within our own profession, we can be truly proud to offer social work treatment, whether to a group or individuals, as a way of helping our clients. We will be adding another dimension to our service, instead of questioning which specialist has exclusive domain. We will have fewer cases closed, marked "unco-operative," labeling *our inability to be flexible enough to find an appropriate helping medium that the individual can use*. We will be answering the question raised by Gordon Hamilton on the editorial page of *Social Work*: "Do they not know they are social workers capable of offering several methods basic to social work?"<sup>25</sup>

<sup>25</sup> Gordon Hamilton, "Editor's Page," *Social Work*, Vol. 3, No. 3 (July 1958), p. 2.

# organization

## **New evidence for restructuring group services**

**ROBERT D. VINTER**

The field of "group work and recreation," as it is commonly termed, is one of the largest and best-established sectors of the total health and welfare system. Agencies included in this field—such as the YM and YWCA, the settlements, Jewish community centers, and the Scouts—are among the most esteemed in local communities and their programs best known by all the citizenry. Each year these agencies receive the greatest proportion of funds raised through local federated financing and, after health services, the greatest proportion of all voluntary funds raised for domestic philanthropy in the United States.<sup>1</sup>

Despite the stature and prevalence of these group service programs they have seldom been subject to critical scrutiny, nor have the problems they present become the focus of widespread public discussion. It is the thesis of this paper that a number of issues which press for thoughtful study are involved in the organization and administration of these services, and that the community structure of group services must be redesigned to meet the shifting requirements of American life.

The very scope of these programs has tended to subdue independent study of them, although Americans are now engaging in frank discussion of even better-established programs, namely, public

<sup>1</sup> Harold L. Wilensky and Charles N. Lebeaux, *Industrial Society and Social Welfare* (New York: Russell Sage Foundation, 1958). See especially Chap. VII.



education and medical care. Contention and dispute have perhaps been avoided because of the quasi-sacred nature of services however loosely affiliated with the organized religions, on the one hand, and directed at the socialization of children and youth, on the other.<sup>2</sup> The minimal level of public attention to policy problems, however, seems at least as much due to the lack of cogent formulations with which to define and approach the underlying problems. This paper is a modest attempt to offer the formulations requisite for informed discussion.

The central issues with which we shall be concerned can be briefly set forth. (1) We challenge the belief that "group work and recreation" (or, as it is more recently termed, "group services") is a unitary field. (2) The character of existing group services has not been adequately delineated nor rationally and equitably ordered for planning purposes. (3) The structure of administration and co-ordination of these services reflect an earlier era in community development and merit substantial modification. (4) The relation of the group services to other health and welfare services is poorly articulated, both at the level of service usage by clientele and at the level of inter-agency co-ordination.

Much of this analysis and discussion will be based on the work of the Metropolitan Detroit United Community Services Policy Committee on Services to Groups. Over a period of years the committee conducted extensive studies of group services provided by public and private agencies. Reference will be made to these study findings with the presumption that Detroit patterns are typical of those in most other urban communities.<sup>3</sup>

### *Group Services Not a Unitary Field*

Reference has been made to various agencies typically considered as constituting a field of service. In addition there are a variety of local organizations and public recreation programs without national affiliation. Together these represent a conglomerate range of diverse services and organizations differing with regard to public and private

<sup>2</sup> J. R. Seeley et al., *Community Chest: A Case Study in Philanthropy* (Toronto: University of Toronto Press, 1957), pp. 13-43.

<sup>3</sup> This paper is largely drawn from the committee's draft report, *Principles, Policies, Planning Criteria for Group Services* (Detroit: United Community Services, 1961). The author was chairman of the committee during its last four years and was active in preparing the report. Many of the basic ideas stated here must be credited to the committee and its members, although the author takes full responsibility for their expression.



auspices, major objectives, types of clientele, varieties of specific services, and the nature of their employed personnel. Some offer services to persons in small groups because the forces that can then be mobilized are essential to the achievement of change objectives; for others, the use of groups is only a convenient way to provide resources to several individuals at the same time, and the group itself is not essential. In some agencies most direct services are provided by volunteer citizens, while others are largely staffed by employed personnel. The personnel requirements of these agencies are disparate; specially trained staff are drawn from a variety of professions, but most rely primarily upon their own in-service training procedures.

The view here is that neither historical similarities nor the use of groups as the major means for service are sufficient bases for conceiving of these agencies as constituting a unitary field. Only those patterns which significantly characterize the contemporary services of these agencies justify their being linked together. Emphasis on the use of groups as a unifying characteristic not only introduces an irrelevant procedural criterion, but inadequately distinguishes these from certain other health and welfare services. One may note, for example, that many other agencies make at least partial use of groups, and some agencies typically classed within this aggregate may show high ratios of service to individuals and to communities without using groups.

It is reasonable to suggest that the *functions* or *objectives* of the services provided by these agencies offer the most useful basis for their classification—whether for planning, financing, or collaborative purposes. This view will permit us not only to discriminate among agencies, but to observe certain important clusters within the conventional limits of this “field,” and between its component agencies and units in other fields. There is an apparent simplicity in the use of service objectives as a basis for differentiation; yet it requires a shift in familiar perspectives. It focuses on the consequences for the client or service recipient rather than on the agency as an institution. Heretofore, in the conventional perspective the agency has been the focus and unit for planning, although the services rendered to clients and citizens are the essential concerns for both agency administration and community welfare planning. Reference to services and their consequences will permit us to identify agencies according to their characteristic patterns and, in turn, to relate resources to needs. It would be preferable to refer to types of consequences or functions actually served for people, but valid knowledge

of the outcomes of service is limited. We are forced, then, to refer instead to service objectives—to the outcomes deliberately intended in the provision of services.

*Identifying objectives.* Detroit executives and representative professionals were intensively interviewed to identify the objectives toward which their agency services were directed. A set of discrete objectives was determined, tested through submission to public and private agencies, and revised on the basis of this process. All agencies in this field were subsequently able to classify and report all their services to individuals in groups, to individuals not in groups, and to the community, according to four major objectives.

1. *Education for particular skills and knowledge.* Guided activities are directed at the learning of new skills or knowledge (e.g., classes in swimming or music).

2. *Education for growth and development.* The primary purpose is conceived as "character-building," toward which various activities and group experiences are directed.

3. *Rehabilitation.* Service is directed at restoring to adequate social functioning individuals with specific deviations and handicaps (mental, emotional, physical, or social).

4. *Provision of facilities and general supervision.* The purpose is to make specific facilities available to individuals, groups, and organizations, with or without the supervision of agency staff (e.g., auditoriums, playgrounds, and meeting rooms).

The fact that agencies were able to classify virtually all their group services according to the stated objectives indicates that the framework had at least tentative validity. But it should not be concluded from this fact that all group services were actually designed with these objectives clearly in view. It is probable that to some extent administrators classified services according to this framework because they believed they had to, or did not wish to assert that the agency had no specific objectives for its services. Furthermore, it was evident that certain other objectives having less relevance to these notions of community needs were also held by agencies. Thus there appeared certain special objectives, sometimes of a sectarian nature, or objectives related to the agency as an end in itself (e.g., "identification with the agency").

Careful and extensive analysis of the inventory of agency services according to this framework of objectives produced a number of significant findings. First, it was immediately apparent that there were certain marked differences among these agencies as to both objectives

and means. The dissimilarities are of such magnitude that the services cannot be said to constitute a unitary field. Although there was a tendency for each agency to offer services directed at several objectives, one usually predominated among most of its services and defined the agency's primary orientation. Second, it was apparent that among services provided with respect to each objective, there was more similarity than difference in the means employed by agencies. These dominant patterns of operation make it possible, therefore, to propose different planning criteria for each category. Third, it was apparent that the type of information about service patterns obtained through this approach had general pertinence for planning purposes; and it is planned, therefore, to continue collection of such information within metropolitan Detroit in order to assess the relation of services to the shifting pattern of community needs.

Further study in the light of the finding of major dissimilarities as to agencies' objectives and means suggested that the "group work and recreation" complex was composed of three distinctly different areas. The chief distinction is that between services, on the one hand, primarily directed toward sustaining community well-being and fostering healthy growth, and those, on the other hand, primarily directed toward ameliorating social problems or modifying deviance. The former services are aimed at maintaining well-being, and assume that life will proceed satisfactorily with some help. The latter are aimed at relieving distress and assume that, at least in certain sectors or for some persons, life is not proceeding satisfactorily and remedial action is required.

*Classification of services.* In the Detroit study three major fields were identified into which all of the reported services could be classified. These were: *socialization, rehabilitation, and facilities provision*. Each will be briefly characterized and then considered more intensively.

In the *socialization* field, services are primarily directed at fostering healthy growth. Two of the objectives presented above, "education for particular skills and knowledge" and "education for growth and development," predominate in this area. The emphasis here is on preparing persons (usually, but not always, children and youth) for their social roles and inducting them into these roles. The once widely used concepts of "character-building," "informal education," and "personality development" are all characteristic of this area of service. Originally, these services were provided to special groups of clientele for whom adequate socialization was considered problematic: youth

newly arrived in the cities from rural areas and emigrants from other lands. The services were provided by national, private organizations (e.g., the YMCA and YWCA, Scouts) and by some unaffiliated local agencies. Although similar agencies may still provide such services, and some members of the same special population groups may still be served, the more significant fact is that agency socialization services now constitute an important supplement to the functions of the family, the church, and the school in most American communities. The process of inducting individuals into the values, customs, skills, and expected behaviors of our urban society is a responsibility now shared by these older institutions with the "youth-serving" agencies.

Socialization is by far the largest part of the group work and recreation complex. Services directed at "education for growth and development" predominated among most of the private agencies and accounted for over 80 percent of the total group services provided by all Detroit agencies. An additional 12 percent of group services were directed at the closely related objective of "education for skills and knowledge."

In the second major area identified in the study—*rehabilitation*—services are primarily directed toward ameliorating social problems and modifying deviance. (Elsewhere the focal problems in this area have been referred to as "integrative";<sup>4</sup> the terms refer to identical conditions, but it will be convenient here to retain the term employed in the Detroit study.) The emphasis is on distress, on dysfunction, on maladjustment, and so forth. Services are directed at problems of personal and social relations, emotional or physical difficulties, and community tensions and conflicts. Familiar categories of persons are served in this area: juvenile delinquents, handicapped persons, youngsters with classroom behavior problems, certain aged persons, and the most deprived citizens in the community.

Although rehabilitation can be considered a priority area because of its problematic nature, less than 1 percent of the number of all services reported by the Detroit private agencies were allocated to this objective. As might be expected in view of the limited volume of such service, relatively few agencies were directing their programs toward this objective. Several, however, provided most of their group services in this area. Rehabilitation has less in common, perhaps, with the area of socialization than it does with certain other sectors of social service where group methods are not in use. The types of

<sup>4</sup> Robert D. Vinter, "Group Work: Perspectives and Prospects," *Social Work with Groups 1959* (New York: National Association of Social Workers, 1960), p. 136.

problems in the rehabilitation area and the kinds of clientele served are very similar to, or identical with, those found at the focus of concern among agencies using the casework method—courts, clinics, and so forth.

The third area of services identified in the Detroit study was that of *facilities provision* (elsewhere referred to as *gratification-expression or consumption services*).<sup>8</sup> This includes services directed at the previously stated objective: "provision of facilities and general supervision." The intent is to make facilities and resources available to persons, with a minimum of staff service, for personal gratification and the enhancement of leisure-time activity. In contrast to the other two areas, direct contact with or assistance from professional or volunteer staff is not considered an essential means by which such service is rendered. Instead, benefits are provided and needs met through clients' use of the facilities. Examples include playground, ball field, and park facilities; auditoriums and meeting rooms for adult groups; and so forth. Among the private agencies reporting, only 6 percent of all services to groups with definite membership fell in this category, although larger proportions of services to individuals and to the community would be so classified. Public recreation—particularly federal, state, and regional—falls largely but not entirely within this area.

Facilities-provision services are primarily directed at sustaining community well-being; they are also intended, although less so than the socialization services, to foster healthy growth. The basic presumption is that persons have needs which they can satisfy more or less on their own if given the basic facilities. The allocation of resources here is in the form of capital investment and permanent facilities, rather than through personnel. These services constitute, in a sense, part of every community's basic resources for well-being. No presumption of personal pathology or problems is involved, although it is believed such service may fulfill certain preventive functions.

#### *Character and Distribution of Group Services*

We noted earlier that the view that all these services constitute a unitary field—such as "group work and recreation"—was mainly due to the absence of criteria for differentiating among the diverse services being offered. A definition has been attempted of the bases on

<sup>8</sup> *Ibid.*

which the several components within the sector may be appropriately distinguished. Later we shall consider some of the policy and planning problems posed by continuing to combine these areas. Let us now examine in greater detail each of the fields identified, describing its distinctive pattern as revealed through the Detroit study.

*Socialization services.* These services were characterized as primarily directed at preparing persons for their social roles and inducting them into these roles. Taken together, these group services included over 90 percent of all those provided by Detroit private agencies receiving support through community fund financing. Over three-quarters of the socialization services were directed, as we would expect, at children and youth through high-school age. Elementary school children received about twice as much service as did youth in junior and senior high school. Older adults—the aged—received less than 5 percent of these services, despite their growing numbers and difficulties in assuming new social roles after retirement.

When patterns were examined with respect to the *form* in which the service is provided, differences emerged between education for the subgoal of “skills and knowledge” and “growth and development.” Almost all the services directed toward education for skills and knowledge were provided through activity programs and classes, rather than through club groups. The sizes of these activities and classes were large, ranging upward to 50 members for the majority. They met more frequently (usually at least twice a month) than did club groups. These services were largely staffed by paid personnel, less than half of whom were full-time workers. Specialized or advanced training was somewhat more characteristic of the full-time personnel. For services directed at the subgoal of education for growth and development, on the other hand, the most frequently employed group form was that of the social club. A majority of these groups met frequently (weekly or several times monthly), but a significant proportion met not more than four times yearly. Group size tended to be somewhat smaller, with most groups being composed of from 9 to 25 persons. These services were largely provided by volunteers, most of whom had some agency training. A larger proportion of the paid personnel were full-time staff, but relatively few of these had received any specialized or graduate education.

*Rehabilitation services.* These group services were characterized as primarily directed at ameliorating social problems and modifying deviance. As we have seen, rehabilitation services constituted a very small proportion—less than 1 percent—of all group services offered



in Detroit and were a substantial proportion of only a few agencies' total programs, although offered in small measure by several additional agencies.

The agency tended to retain a high degree of control over rehabilitation services, determining what should be given, when, and to whom, whereas for the other types of services there was much greater reliance on client or consumer preference and self-selection. Unlike the socialization services, these were directed toward more discernible and tangible needs, and toward particular clients with specific problems. These services were somewhat more evenly distributed over the entire age range than were other types of group services studied, although most were provided for children and youth.

Three-fifths of the rehabilitation services were provided through social clubs and the remainder through classes and activity groups. This pattern is almost identical with that observed for services directed at the socialization objective of "education for growth and development." In all other respects the form of rehabilitation service was quite different, however. Thus the groups tended to be much smaller and to meet fairly frequently, almost all at least twice a month, and one-fourth of them at least twice each week. Most of the rehabilitation services were staffed by employed personnel, of whom most were full-time workers. Two-thirds of these employed personnel had advanced education and professional training, and over one-third were graduate social workers.

*Facilities provision.* It will be recalled that this type of service consists primarily of providing physical facilities to groups with only nominal supervision by agency personnel. A small proportion of all voluntary Detroit group services fell into this category, and groups receiving such services tended to be larger and to meet irregularly. There was reason to believe, however, that a significant proportion of the socialization services were essentially of the same nature. A kind of overlap may occur as individuals and groups make use of services for pleasurable purposes, regardless of agencies' socialization objectives. The larger proportion of volunteers in the "growth and development" area, for example, makes it less likely that specific agency aims can be as effectively implemented than if most leaders were more adequately trained and more closely associated with these agencies. Almost one-fifth of the "growth and development" groups met less than six times during the year. It is doubtful whether growth and development objectives can actually be attained through such infrequent occasions and contacts. Furthermore, almost one-quarter

of all these groups ranged in size from 25 to 50 and larger. Again, it is doubtful that growth and development can be effectively fostered under these conditions, especially in view of the high proportion of volunteers providing the actual leadership.

These are among the factors supporting a view that some socialization services are, in fact, utilized by consumers primarily for their pleasurable content or because of the access thus available to special facilities, and that personal gratification is often the primary function of these services—regardless of agencies' stated objectives—with socialization at most a secondary gain.

*Geographic distribution of services.* The Detroit committee did not collect its data according to geographic areas; however, through interviewing executives and other information it was possible to develop some sense of the distribution of group services throughout the metropolitan area. The phrases used to describe the distribution patterns—"haphazard," "unbalanced," and "inequitable"—would undoubtedly apply to most other communities. Some local areas have well-developed facilities under both public and private auspices and receive disproportionate amounts of service. Other areas may have facilities, but these are less available and services are far fewer. In still other areas neither facilities nor services are available in proportion to the residential population.

Because of the lack of systematic study and rational planning, only the broad outlines of these geographic service patterns are even known, although detailed information about the distribution of physical facilities is available. It is a truism, however, that members of the lower economic class receive proportionately far less service from the private agencies, taken together, while members of the middle class receive most. More often than not, private agencies' service patterns have been determined by traditions of the organization, by the relative strength of local board members or national organization prestige, and by consumer (or member) demands.

#### *Policy Issues in the Design of Group Services*

Some of the more pressing policy issues implicit in these service patterns may now be considered. We shall proceed first in terms of the three fields of service previously described, and then take up several issues that cut across all the fields.

A major problem that has plagued policy formation and decisions about the allocation of scarce resources in the socialization area is



the *indeterminacy of needs*. Stated quite simply, this problem involves such questions as: What kinds of skills, values, and personality attributes are requisite for personal and social well-being? For which of these is it necessary to provide social agency services? Everyone may agree on the desirability of virtue, of personality development, and of preparation for citizenship, but everyone will also translate these general ends quite differently into specific programs and services. Thus, in public education there is dispute over the emphases appropriate for science education, the three R's, sports, or vocational training. One difference is immediately apparent between the public education and leisure-time agency systems: in public education these issues have been more directly confronted, publicly examined, and systematically studied; decisions have been translated into specific services. Among the leisure-time services, in contrast, such issues have received almost no public discussion. They have infrequently been subjected to systematic study, and then customarily *within* particular agencies.

*Indeterminacy of needs.* The indeterminacy of needs contributes to vagueness in formulating service objectives and confusion in designing service programs. Given such unclear purposes as "character-building" or "personality development," it becomes extremely difficult to plan for their implementation through the strategic allocation of services within metropolitan areas, and impossible to determine how effectively particular services accomplish these general aims. With some justification one may believe that agencies avoid clarity and specificity of purpose in order to forestall attempts to assess effectiveness. Elaboration of agency mystiques and appeals to general values may, indeed, obscure the planning effort and avoid tests of effectiveness. Certainly the similarities noted between some of the socialization and facilities service patterns raise substantial questions about claims for the former objective. Utilization of facilities and consumption of services primarily for personal gratification should not be cloaked under a more appealing label.

Indeterminacy of needs and generality of objectives limit understanding of the contributions made by these services. It may be assumed that if such services were *not* provided by agencies, however, the community would experience even greater difficulties with "unsocialized" persons or subgroups. It is certain that many more problems would develop if all the community's socialization institutions (family, church, school, agency) were to curtail their functions. But the specific contribution made by the public and private agencies

to the community's socialization functions has not been adequately identified. We know more clearly, in contrast, what happens when family units do not function properly or when youngsters lack adequate schooling. Difficulties in assessing the effectiveness of agency socialization services are increased because of ambiguity on the agencies' part about the specific changes intended for the client, and because of uncertainties about the influence on clients of all other socialization processes.

*Dual systems.* Implicit in these difficulties is a significant problem concerning the maintenance of multiple community systems for the achievement of socialization functions, namely, family, church, school, and leisure-time agencies (public or private). Excluding the family, three of these systems involve high levels of organization and broad mobilization of community resources, both finances and personnel. The traditional separation of state and church may limit the extent to which there can be co-ordination of the socialization services provided by these two institutions. And, of course, the church has crucial functions to perform beyond that of socialization. No such doctrines prevent close co-ordination of school and leisure-time agency, however, and a question may properly be raised about the desirability of maintaining these as separate systems with similar functions. The tremendous expansion of the public school and the increasing tendency to regard it as one of the central structures of the community, capable of fulfilling multiple functions, directly focus concern on the maintenance of a parallel leisure-time agency system. As we might expect for a variety of reasons, including economy, significant new patterns of collaboration are developing between the two systems. While it is impossible at this time to forecast the eventual development of such collaborative patterns, it is pertinent to point toward the need for more systematic study of this dual systems question. Precedents from the past are of little help since they could not have contemplated the stature achieved by these two systems in contemporary life. An advantage to be had from closer integration of the school and agency systems, aside from reduction of organizational overhead costs, is that through the structure of public education resources can be mobilized and services allocated more broadly and evenly than can ever be accomplished through the private agency structure. A disadvantage is the difficulty of infusing certain special agency values and objectives (especially of a sectarian nature) through any publicly organized program. As we shall see, however, this also poses a dilemma for the services supported by community funds.

Whether or not there is study of the dual systems question, it is necessary to consider the socialization tasks most appropriate to the agencies *in view* of the school's expanding services. Since socialization focuses primarily on children and youth, it becomes impossible to formulate policy and set service priorities for private agencies without consideration of comparable services offered for the same age categories through the public education and recreation systems. The problem is one of determining an appropriate division of responsibility between socialization systems directly subject to community control. Needless to say, such a determination can only be made in the light of changing social conditions and societal requirements.

*Special values.* Consistent with our national heritage, families and religious groups are both permitted and expected to stress the particular values they cherish. The community-wide basis of support for agency services confronts us with a new dilemma, however, as *all* citizens are asked to support services which embody particular values. The traditional obligation to *respect* such differences becomes transformed, under the united fund-raising system, into an obligation to *support* the inculcation of values and beliefs specific to certain groups.

There seems to be a two-part rationale employed in justifying this new state of affairs. On the one hand, it is presumed that the particular values emphasized and transmitted through these socialization systems (both agency and other) are all generally similar and essentially compatible. In this view, concrete differences among values are unimportant. On the other hand, it is presumed that the values and views of all major groups are receiving equal or proportionate support. In this view, no single set of values is given undue priority, and there is general agreement not to proselytize or intrude on the "jurisdictional domains" of another group.

But this rationale obscures several problems that arise under centralized fund-raising. The trend of united fund-raising moves in the direction of a mass "private taxation" system, thereby encroaching on the principle that each group should be responsible for supporting its own distinctive values.<sup>6</sup> It is difficult to argue that the special values involved in private agency socialization services are either unimportant or essentially similar. However compatible they may be with the more general American creed, they are quite "special" and different, since most are directly derived from the several religious bodies. The policy-makers of the private agencies certainly believe

<sup>6</sup> Seeley, *op. cit.*

that these values are crucial and that the distinctions between them "make a difference." Furthermore, the primacy of these differences constitutes a major limitation in making greater use of the public school system for achievement of socialization aims. The obscuring of this dilemma merely thrusts it back on the budgeting process responsible for the equitable allocation of scarce resources among private agencies, with a view to the organized groups that stand behind these agencies. When the problem is thrust back upon the budgeting process it results in attempts to achieve balance among the religious faiths—which is not the same as balancing resources against needs.

### *Multiple Problems and Integrated Services*

Issues of a quite different order confront us in the rehabilitation field. The *determinacy of problems* characterizing this field means that services can be directed quite specifically at concrete difficulties and particular persons, groups, or areas. For example, it is possible to identify the individual juvenile offenders who require service, and to specify the kinds of problematic behavior that require change. It is also possible to identify the particular neighborhood or community subsections that manifest high rates of social problems and to channel services into them. Furthermore, after service is given it is possible to determine with some degree of precision whether the problematic circumstances have actually been altered. Services planning and administration do not, therefore, face the same issues that we noted for the socialization field. Instead, in the rehabilitation area major issues have to do with the critical shortage of essential services in proportion to pressing needs, with the urgency of problems so great that priorities can scarcely be established among them, and with the high level of integration that must be achieved among these services. In view of all the rehabilitation problems pressing for attention, it is obvious that presently available services cannot be allocated on more than an emergency fire-fighting basis. The primary issue, then, is whether resources presently assigned to other objectives should in some measure be reallocated to rehabilitation. The Detroit findings clearly revealed that only an insignificant proportion of all service resources were allocated to this area, despite the impression given the community that substantial efforts were being directed at these problems.

The particular nature of problems in the rehabilitation area also has implications for agency organization and for service patterns.

The high *interdependence of problems* demands increased integration of services and agency operations. We know, for example, that many of the persons requiring help are members of families with multiple problems, and that single-track services (whether group or otherwise) are unlikely to be very effective. These are sometimes referred to as "hard-core" or "multiple-problem" families, who often live in "hard-core" neighborhoods and community areas. For example, it has been noted that many youthful offenders come from family situations plagued by other serious difficulties, such as broken homes, impaired health, unemployment, inadequate income, and overcrowded and deteriorated housing. To direct service merely at the delinquent and his offense pattern is to ignore the causal and problem-maintaining effect of these other circumstances. The objective of "restoring to adequate social functioning individuals with specific deviations and handicaps" requires, therefore, the marshaling of co-ordinate services directed at the same local areas, families, and individuals.

### *Barriers of Integration*

Three factors impede this marshaling of integrated services: (1) the significantly higher costs per client; (2) the "fracturing" of the client through high fragmentation of specialized services among many agencies; and (3) the considerable administrative difficulties involved in integrating the services of several agencies for the same individual, family, or neighborhood.

The problem of costs is most sharply defined. It will be recalled that groups served for rehabilitation purposes tended to be smaller, to meet more frequently, and to be served by professional personnel. The community must pay the bill one way or another: it can anticipate high per capita costs if effective service is to be offered, or it can anticipate disguised but probably much greater costs as the problems of individuals intensify and pile up. These human problems multiply in a process not unlike contagion, adversely affecting others. And they increase over the individual's life history, so that a full cost accounting would probably show higher long-run costs because of episodic but limited services to the same persons. As with medical services, there can be no guarantee that early treatment will be effective, but there is every reason to believe that late efforts to help are typically more costly and less effective.

The problems presented by relatively unintegrated specialized services which "fracture" the client are as serious but perhaps less obvi-

ous. Raising the general standard of living, control over the boom-or-bust cycle, and expansion of health and welfare services result in the fact that remaining problems are more serious, more resistant, and more impervious to treatment. At the same time we observe increasing specialization among the agencies, and difficulty in coordinating their services with respect to particular clients. Present trends suggest that, unless this type of issue is faced throughout the health and welfare system, matters will grow even worse. Radically new integration patterns are necessary to cope with the more resistant personal and social problems and with the growing complexity of social services. Federations and mergers among smaller agencies and decentralized operations among larger agencies are examples of such recent organizational moves. It will be necessary, however, to undertake more radical innovations to offset current trends. New structural forms must be forged for and among agencies, and the central planning and budgeting bodies should strongly support moves in this direction. There are few (though notable) examples of such effort presently found on the metropolitan scene. Traditional orientations toward agency autonomy and independence tend to impede movement in the necessary direction. But the main problem seems to be that of considering the agency, rather than the client or the service, as the basic planning unit.

Finally, as might be expected, there are definite congruences between rehabilitative group services and treatment programs conducted under other health and welfare auspices, using other than group methods. Thus, there are similarities in the problem-focused treatment orientations that guide service and in the tendency to provide service to the same type of clientele or even the same persons. *Because of such linkages it is proposed here that planning be organized with respect to the objectives of the services, rather than whether persons are served individually or in groups.*

#### *Suggestions for Restructuring Services*

The general import of these patterns and problems is that there are great divergences between the socialization and rehabilitation fields. The fact that the group constitutes for each the major mode of service is an incidental factor rather than an organizing principle. Indeed, as we have seen, the nature of the groups and the means of serving them are very different between the two fields. The entire strategy of service in the socialization area orients it toward other



community institutions, such as school and church, in terms of clientele, planning, and service administration. In marked contrast, the entire strategy of service in the rehabilitation area orients it toward other health and welfare agencies and toward an entirely different basis for identifying clientele and administering services. It is not suggested that these are exclusive and incompatible polarities, having no interchange or relatedness. However, the differences noted between socialization and rehabilitation impel the separation and regrouping of the agencies involved, or of operational subunits within them, according to their primary service orientations. On the one hand, this will permit the development of standards and criteria differentially appropriate to each field with respect to staffing patterns, modes of service, and so forth. On the other hand, the separation of these unlike services will permit them to develop more fully their distinctive interdependencies and collaborative arrangements with other community institutions and organizations. The continued linkage of these areas in an assumed unitary field of "group work and recreation" has been of disservice to both parties. It has induced the socialization services to lay inappropriate claims to rehabilitation objectives and functions, to employ professionals who are less needed for such services, and to communicate using the symbols of the health and welfare system. The linkage has submerged the rehabilitation services in a vast aggregate of other programs and activities, constrained operations to the cost and staffing levels of socialization programs, and drained professional personnel from services requiring their special competencies.

A brief note about the utilization of social workers seems in order at this point. It has been argued elsewhere that overconcentration of trained group workers in the socialization services is disadvantageous to the profession and a retreat from its historic commitment to those most in need.<sup>7</sup> We have also seen the minimal application in the socialization services of group workers' core competencies, and the seeming inability of most national organizations to design roles that make effective use of them. The Detroit findings show, as mentioned earlier, that the rehabilitation area had the highest ratio of professionally trained staff providing direct service to groups; yet because so little was being done with respect to rehabilitation, a far larger number of professionals were actually employed in agencies offering socialization services.

We believe the socialization services are important and should be

<sup>7</sup> Vinter, *op. cit.*

strongly supported, and we do not advocate their being deserted by professionals. But these agencies should continue to warrant use of trained social workers only if they can design patterns for effective utilization of scarce professional competencies. Similarly, for this segment of the profession and for its individual members, there is a deep responsibility to consider the proper distribution of their own resources among the several fields of service.

A quite different set of policy problems is posed by the area of facilities provision. In general it is assumed that the needs for such services are broadly and evenly distributed throughout the population; however, alternative resources (*e.g.*, commercial) are not evenly distributed, thereby necessitating allocation of service facilities differentially within the metropolitan area. Thus, because of population density and lack of space, public parks and playgrounds may be more necessary in the central city than in outlying or suburban residential areas; in the suburbs people have more space of their own for recreational use, have more immediate access to such facilities, or have other means of securing requisite resources.

Almost all the capital investments required for these purposes are also employed in the other types of service previously discussed. All resources—from swimming pools to meeting rooms—can be used for multiple purposes; to some degree they are made available by private agencies for leisure-time activities in addition to their primary use for socialization or rehabilitation purposes. Most of these facilities, however, require capital investments of a magnitude increasingly difficult to supply through voluntary financing. It is generally recognized that provision of the community's basic physical facilities is a governmental responsibility, to be accomplished through municipal departments of parks and recreation, school boards, and other public bodies.

Three major reasons impel assignment of responsibility to public agencies for provision of these facilities: (1) the disproportionate expense involved in creating the physical facilities; (2) the generally accepted policy that these resources are essential to every community's well-being, and hence the responsibility of government; and (3) the orientation of private agencies toward other types of services, as previously noted. When private agencies are found to be providing facilities, therefore, it is presumably because extra value is achieved by making existing facilities available to the community *after* their primary use in pursuit of either socialization or rehabilitation objectives. The principle of multiple use as a means for maximizing



benefits from expensive physical resources is well established. Greater acceptance is developing for the principle that provision of such facilities should henceforth be the *exclusive* responsibility of governmental agencies, with voluntary programs sharing their use.

### *Community and Agency Planning*

Problems and needs as well as demands for services are generated and evidenced broadly throughout the metropolitan area. They bear no necessary or obvious relation to the established patterns of agencies and services; there are always discontinuities and disjunctures between these needs and the structure of services designed to meet them. It is difficult to identify objectively the distribution of certain unmet needs, and there is no unanimity as to which should be served first. Moreover, the existing structure of services is a reflection perhaps more of past circumstances than of present designs, yet rapid change to meet shifting social conditions is difficult because of the relative permanency of organizational arrangements. Another source of discontinuity between needs and the structure of services lies in their differing nature. Thus, various needs and problems are complexly interrelated, tending to reinforce each other and to interpenetrate within persons and within community subsections. Agencies and services, on the other hand, tend to be relatively specialized and segmented. Even with maximum co-ordination agencies are essentially separate entities, providing concrete services to which citizens must respond by fragmenting their needs.

It became obvious to the Detroit committee that planning perspectives varied with the viewpoint of the observer. Planning criteria and actions derived from these different perspectives can be expected to be at considerable variance, as is often the case. Differences between the "community planning" and the "agency planning" perspectives are probably of greatest significance. These terms refer to two contrasting perspectives that prevail in the fields under discussion.

*Agency perspectives.* Historically, most agencies have developed in order to solve a particular kind of problem, to serve a particular group of people, or to provide a unique service or opportunity. When social agencies were young little thought was needed or given to such matters as duplication or integration. Serving unmet needs was the primary aim of these early efforts, and needs were both glaring and plentiful. These early agencies were autonomously organized and sustained, and shared a belief in independence of purpose and

action. Each developed its own philosophy and tradition, whether secular or sectarian, and its commitment to its own familiar pattern of operation. Any enduring organization tends to take on special meanings for those closely associated with it and comes to be regarded as an *end* in itself rather than as an *instrument* for solving certain types of problems or meeting specific goals. Furthermore, some of the agencies in this sector of the welfare system—perhaps more than in other sectors—tend to be conceived as social “movements” or institutions. This is partly because they have existed over many decades or generations, but also because of the distinctive values implicit in their services (e.g., “character-building”) or explicit in their religious affiliations.

Historical traditions, emphasis on agency autonomy, and the distinctive values associated with some of these agencies have all contributed to the belief that the *agency* is the most significant unit for planning. In this view the essential purpose of joint financing and co-operative planning is to support existing agencies in carrying out their functions as these are defined by the agencies themselves. Principles and criteria proposed for planning are assessed, therefore, in terms of whether they serve to implement the agency in pursuit of its own course.

*Community perspectives.* The proliferation of welfare agencies led to joint financing as a more efficient and reliable means for marshaling community resources in support of a stable structure of services. But united fund-raising and equitable allocation of funds present their own requirements for rational planning, and resources drawn from the entire community must be distributed with a view to the community's general welfare. Thus there emerged a new and somewhat different perspective, shared by those immediately involved in joint financing and central planning, and by citizens oriented toward the community's needs but without commitments to specific agencies. This perspective is that of continuous and orderly mobilization, adjustment, and assessment of community resources and services in relation to the needs of the total population. Needs are defined in terms of the entire community and not primarily in terms of present clientele, agency members, or the agency as an enduring institution. From this perspective agencies are viewed as problem-solving devices to be evaluated in terms of how well they are able to meet present and emerging welfare needs, rather than in terms of their distinctive histories and traditions. An effort to mobilize a maximum of resources and to distribute these equitably among all needs tends to emphasize rationality and efficiency. As in business and most other

sectors of American life, these emphases lead toward planning, co-ordination, and coalescence.

Agency planning rather than community planning has, of course, been the traditional pattern. But the increasing growth and complexity of contemporary social services are imposing new requirements for integration of the entire service structure. The interrelation of problems and needs can be adequately attacked only by achieving high interdependence of specialized services. The centralization necessary to mobilize financial resources from the entire community also requires that these resources be allocated through a similarly integrated structure. It would seem, however, that a balance of community and agency perspectives is essential for effective response to the diverse and changing service needs of the metropolitan community. The problem is one of developing new structural forms and processes that harmonize the most desirable features of both perspectives in the interest of effective services.

*Community planning and agency autonomy.* There is general agreement about the values of humanitarianism, economically efficient services, and democratic processes in the health and welfare field. However, serious dilemmas are posed by the extension of services in a complex society that places emphasis on both economically efficient service *and* democratic process. Most advocates of efficient services believe these can be attained only with co-ordinated planning and some degree of centralization. Yet there is considerable fear of central planning as being antithetical to the values of a democratic society, and it is tacitly assumed by many laymen and professionals alike that planning is best done on an *ad hoc* basis by the smallest possible unit of action. Historically, the financing of agency services was a process of scurrying from crisis to crisis. Solution of the problem of a stable and effective structure of services remained elusive so long as fund-raising was geared to the whim and caprice of the general public. The condition of limited resources led to high competition among agencies in fund-raising, with ability to compete successfully not directly correlated with need or quality of services offered. Ultimately, however, recognition developed of the elemental requirements for co-ordinated planning and action so as to achieve some measure of stability. The requirements of large-scale fund-raising in the metropolitan community are such, in turn, that there must be at least a minimum of centralization. But such centralization necessarily encroaches on the autonomy and independence once enjoyed by the co-operating agencies. Encroachment on the independence of private agencies is often viewed as undemocratic,

although it is difficult to assert that these agencies are necessarily more democratic in form and practice. The problem, then, is that two sets of values impinge on each other: centralization of planning and action dictated by reasons of efficiency and stability, and agency autonomy dictated by traditional patterns of independence and seemingly supported by ethics of democratic process. All can agree that some degree of each is desirable, yet in actual situations an increase in one is seen as infringing upon and circumscribing the other.

Given the existence of separate agencies through which community services are organized, it is not possible to contemplate a degree of centralized co-ordination comparable to that necessary for fund-raising purposes. Nor, on the other hand, is it realistic to contemplate an integration of services if each agency remains completely autonomous and free to pursue its own interests regardless of the more general community needs. *What is required is centralized policy formation with respect to basic and common service goals and policies, while maintaining agency autonomy with respect to special and distinctive goals (e.g., religious orientations). In addition, there should be centralization with respect to minimum standards and operating patterns essential to the achievement of common service goals, while preserving agency autonomy with respect to the more concrete means of providing services.*

A proposal that there be centralization in the formulation of major goals, policies, and standards of performance is not intended to imply any central administration or loss of agency integrity. Rather, it is intended through central planning to achieve general acceptance by all agencies of those major service goals for which community funds may be raised and expended. It is intended also to insure a set of minimum operating standards to which all agencies providing similar services can adhere. Once these basic conditions have been established, agencies can also maintain their own additional orientations and activities, in accordance with their distinctive traditions and characteristics. These proposals recognize the overriding necessity to expend the financial resources provided by all the citizens in accord with some larger conception of common need and the general welfare than is possible to achieve through agency autonomy and separatism. These proposals also recognize the distinctive differences among existing agencies and seek to preserve them within a unifying framework of rational and equitable planning. We have tried to make clear the problems associated with retention of "group work and recreation" as a unitary field for such planning purposes, and the desirability of its division into two or perhaps three fields.

## **Reintegration of handicapped persons in the community**

**MELVIN HERMAN**

The purpose of this paper is to examine the problem of reintegrating into community life individuals who are handicapped by physical, mental, or emotional disabilities. We shall consider first some of the factors that tend to prevent reintegration. Whatever the type of disability, these factors are essentially the same and therefore have similar consequences for the individual. We shall then describe one agency's effort to utilize group services in the solution of this problem.

### *The Problem*

There are, of course, individuals whose impairments are so severe that they will continue to require services that can be provided only by certain specialized social institutions. However, there is a much larger number of handicapped persons who, after a period of treatment, might be expected to fulfill the major social roles required of all others in society. Of course, the restoration of the handicapped to normal life is or should be the goal of any treatment program. Unfortunately, too few of those who possess the capacity to return to normal life have achieved this goal.

Evidence of this discouraging pattern is constantly before us in the reports of follow-up studies. In the field of physical rehabilitation, for example, a significantly high proportion of discharged patients not only do not maintain the performance levels they held at point of discharge but deteriorate and eventually require rehospitalization.<sup>1</sup> Similar experiences are reported in the treatment of mental illness and delinquency.

<sup>1</sup> See *inter alia* Georgia F. McCoy and Howard A. Rusk, *An Evaluation of Rehabilitation* (New York: Institute for Physical Medicine and Rehabilitation, 1953).

The existence of an impairment by itself cannot explain why a given individual is unable to participate effectively with others who have no major limitation. In order to understand the reasons for these failures, we must first review some of the forces that influence the outcome of treatment efforts.

### *The Community Defines Disability*

Use of the terms "disabled" and "handicapped" presupposes not only an appraisal of the degree to which an individual is deviant from the norm but also a definition by the community of how its members shall respond to this deviance.<sup>2</sup> Once this definition has been invoked, it will produce two types of consequences. First, it will serve to restrict the availability of community resources for handicapped persons, and secondly, through such restriction it will tend to produce *social* disability in the individual.

As an illustration, consider a personal example. The author, as a young boy, wished to play the catcher's position on his neighborhood baseball team but found his left-handedness a problem. He soon learned that this position, according to the folkways of baseball, must be filled by a right-hander. He did not have to undertake a systematic analysis of community attitudes to discover this definition. It came through to him quite clearly when he found that no manufacturer produced a left-handed catcher's glove. Psychoanalytically oriented readers can probably assess the degree of trauma that ensued and culminated in his decision to become a pitcher.

In this illustration, the boy was barred from his goal by the nature of the definition rather than by his difference. This barrier no longer exists; today a left-handed boy can find a suitable catcher's glove. Unfortunately, the barriers that interfere with the integration of handicapped persons into the community have not been significantly reduced. Like the would-be catcher, these people are frustrated by the nature of the definition rather than the nature of their disability.

Let us consider an example from the field of physical rehabilitation. An average boy of 10 attends a regular elementary school, plays with friends on his street, participates in the after-school program of a neighborhood community center, and attends the summer camp operated by that center. He is suddenly struck with polio, which requires hospitalization during the acute phase of the illness and a

<sup>2</sup> H. D. Rawls, "Social Factors in Disability," *New Outlook for the Blind*, Vol. 51, No. 6 (June 1957).

longer period of inpatient care for rehabilitation. During this period of treatment—which of course we recognize as necessary—the child begins to face the fact of his difference. He is physically removed from his community and confined with others of similar disability.

In the rehabilitation center he is assured that he will be able to resume his major activities when treatment is completed. At discharge, he is able to walk slowly with the use of double long-leg braces and crutches. He has made a good recovery, although it is unlikely that he will ever be able to run, jump, or get about without the aid of his appliances. He has no other residual disability.

Upon his return home, he is faced with a new set of circumstances. The community, because of its prior definition of those who cannot walk unaided, has determined that this child may use only certain restricted community services. He is informed that he may not return to the elementary school around the corner (although he can walk there). Rather, he is transported to a school several miles from his home where there is a special class for handicapped children. He also learns that the community center does not feel that he can be served in a group of normal children. His mother, in her anxiety to provide recreational opportunities, arranges to enroll him in an after-school program restricted to handicapped children. When summer comes around, the normal camps feel that they cannot cope with him and he is enrolled in a camp for handicapped children.

### *Effect of Segregated Programs*

Thus far in this example we can see that the community's definition of disability, through its limitation of the services the child may use, has set in motion a series of events which are destined to result in his acceptance of a deviant role.

The segregated programs, which are a manifestation of existing community attitudes, limit the boy's interaction with those who are not disabled and thus decrease his opportunities to acquire the social skills required for future full participation in the community. But perhaps of even greater importance: as he becomes increasingly aware of the community's definition he will begin to internalize it, with the result that his level of aspiration and functioning will be reduced.<sup>3</sup> In effect he will become what he is defined to be. He may begin to realize that he is not considered an object of service by those agencies

<sup>3</sup> Hans Von Hentig, "Physical Disability, Mental Conflict and Social Crisis," *Journal of Social Issues*, Vol. 4, No. 4 (Fall 1948).



which presumably have been established to serve the entire community.

We can anticipate the possible course of his future adjustment. As he grows older, the opportunities for heterosexual experiences are likely to be limited to handicapped girls. His marital partner is likely to be handicapped. We can also expect his occupational aspirations will be negatively affected, as he becomes aware of the limitations of employment opportunities for handicapped people. He may well spend his working years in sheltered employment.

Thus, as a result of the community's definition of the person with a handicap, deviance is established, reinforced, and internalized. This problem has long been with us. A review of the development of welfare services in the United States offers ample testimony to the community's ability to create excellent separate facilities for those who face special problems of adjustment. We have expended great amounts of time, money, and professional effort in establishing institutions for the treatment of the blind, the deaf, the retarded, the physically handicapped, and the mentally ill. Many of these are residential facilities, while others exist in the open community.

Except for those few which are entirely custodial, these institutions agree that their primary purpose is to facilitate the handicapped person's return to maximal functioning in the general community. However, it is evident that, despite the excellence of many of these institutions, they cannot alone achieve the goal of reintegration. The general community, not the specialized treatment agency, will ultimately determine the success or failure of treatment efforts. In order to fulfill such roles as husband, father, student, and wage-earner, the individual must have not only motivation and skills but also opportunity to perform these roles. Treatment programs, if successful, can help the individual to develop motivation and also some required skills. However, unless the opportunity to perform is made available to him, treatment must inevitably fail, with the result that he loses both the motivation and the skills he has previously acquired.

Segregated educational, recreational, or vocational programs, however excellent, cannot reverse this process; they can only strengthen it. Indeed, many treatment facilities actually tend to reinforce deviance through the structure of their services, which limit the handicapped person's interaction to others who themselves are deviant. A patient recovered from mental illness, for example, cannot be reintegrated into activities with those who have not suffered mental illness unless he is provided with the opportunity for participation in such activities.



A blind person cannot learn to live successfully in a sighted world if he is confined to participation with other blind persons.

It would seem that an approach toward overcoming the "disabling" portion of disability requires effort on two fronts. On the technological front, the picture is encouraging. Great strides have been made in both prevention and treatment. Electronic devices are helping the blind to see and the deaf to hear. New materials make braces lighter and more maneuverable. Improvements in artificial limbs make possible great freedom of movement. Drugs are now available to control epileptic seizures and also reduce disabling anxiety and fear. Even greater scientific and technical achievements cannot be far off.

On the community front, however, the picture is not nearly so bright. We have not yet been able to reduce the barriers to reintegration and provide the social opportunities that will make it possible.

Dr. Richard A. Cloward has identified the central problem cogently in discussing the high rates of recidivism in juvenile correctional institutions. He points out that "various types of social resources must be made available to the deviant if he is to negotiate the transition to a conforming status. . . . The problem of the released boy is, in short, one of gaining re-entry into the society which only recently expelled him."<sup>4</sup>

### *Role of Group Services*

While it is unfortunately true that social work agencies possess limited ability to create housing, employment, and educational opportunities for handicapped persons, group service agencies do have the resources to provide the opportunity for handicapped and non-handicapped persons to participate jointly in leisure-time activities.<sup>5</sup>

We know that in every community there are many handicapped children and adults. However, it is a discouraging fact that they are rarely served by the traditional agency. Some agencies have permitted groups of handicapped persons to use their facilities on a segregated basis. There are a number of such programs for the cerebral palsied, the retarded, and the mentally ill. These are essentially housing arrangements; the agency's function is limited to pro-

<sup>4</sup> Richard A. Cloward, "Conformity, Deviance and Opportunity," New York School of Social Work, 1961. (Mimeographed.)

<sup>5</sup> For a discussion of the importance of contact in the modification of attitudes, see H. H. Remmers, "Social Attitudes," in D. H. Fryer and E. R. Henry, *Handbook of Applied Psychology* (New York: Rinehart & Company, 1950), pp. 10-13.

viding a meeting room and certain other physical facilities. The intent of these programs is doubtless laudable, but their contribution to reintegration is minimal. It has been suggested that such segregated experiences are a necessary prerequisite to integration, and also that the mere physical presence of these segregated groups in the agency helps to provide a bridge to participation with nonhandicapped members. No convincing evidence has been presented for either of these assertions. (Few would argue, for example, that segregation is a necessary and desirable step in facilitating the integration of Negroes and whites. Nor would this argument be seriously advanced in the entire field of intergroup relations.)

From time to time some agencies have permitted a handicapped person to join one of their groups, usually in response to great pressure from a parent or another social agency. Rarely has an agency taken a public position indicating both its willingness and its desire to serve handicapped individuals.

If we can assume that many handicapped persons possess the motivation and ability to participate in "normal" groups, perhaps it would be appropriate to discuss briefly some of the factors that might explain their absence from agencies offering services to groups.

1. *Definition of function.* Agencies have increasingly tended to restrict their definition of eligibility for service. Members are sought and accepted who already conform to agency norms and consequently require little modification of program.

2. *Fear of deviance.* Like all people, lay boards and professionals fear what they do not know. Gross stereotypes exist in many agencies. For example, in spite of efforts at community education, many still view the child with polio as highly fragile, the retarded as incapable of learning, the emotionally disturbed as dangerous to others, and the cerebral palsied as possessing a contagious disease. The continued existence of such stereotypes precludes an objective judgment regarding the individual's ability to participate in program.

3. *Inadequacy of physical facilities.* The facilities of most group service agencies have been designed to be used by those without physical disabilities. This is unfortunately true of many public buildings as well. The use of meeting rooms and play areas usually requires the climbing of many steps. Few agencies have elevators. Many physically handicapped individuals could effectively participate in club groups and special-interest groups if it were possible to overcome the problem of poor building design.

4. *Fear of negative consequences.* Some professional workers have

expressed the fear that the inclusion of handicapped individuals would result in the withdrawal of nonhandicapped members from their program. Although this fear would probably not be borne out in fact, its very existence serves to justify the exclusion of those with disabilities.

5. *Lack of demand for service.* Some agencies have indicated a willingness to serve handicapped persons but report no request for such service. They apparently are not aware that, for the reasons cited earlier, the individual with a disability may not perceive himself as eligible and consequently makes no request. From the standpoint of the individual and the agency, this may be regarded as an example of self-fulfilling prophecy.<sup>6</sup>

6. *The role of special disability groups.* The agencies currently offering services to special disability groups have not pursued an active program designed to achieve integration. The reasons for this lack of exertion are undoubtedly complex, but part of the explanation may be found in their own structure as social institutions. Many are preoccupied with their own needs for fund-raising, membership, public visibility, and self-preservation. They feel that offering direct services to their own groups under their own auspices is a requirement for survival. We can understand, but should not condone, their reluctance to preside at the liquidation of their own empires.

### *What Can Be Done?*

The experience of the author's agency in New York City suggests that significant gains can be achieved. In 1960 the New York Service for Orthopedically Handicapped launched a program designed to integrate orthopedically handicapped children into neighborhood community centers. Originally limited to the Lower East Side of Manhattan, the program has since been extended to Brooklyn and will soon be extended to the Bronx. Through professionally trained group workers, the agency has offered the following services:

1. *Case-finding.* Workers contacted clinics, hospitals, and special schools to locate handicapped children.

2. *Screening and preparation.* In home visits, workers assessed each child's ability to profit from an integrated program. They also tried to help child and parent to overcome their fears of the child's participation in such a program.

3. *Agency contact.* Once the child had been located, a worker tried

<sup>6</sup> Robert K. Merton, *Social Theory and Social Structure* (Glencoe, Ill.: Free Press, 1957), Chap. 11.

to enlist the co-operation of a neighborhood community center or other group program, such as the Scouts, by means of education, persuasion, or even appeals to guilt feelings. The worker assessed the physical facilities and program to determine its suitability for the particular child. After the agency's co-operation was secured, the worker discussed the child's needs, abilities, and limitations with the program supervisor.

4. *Referral.* The worker returned to the child and prepared him for referral by explaining the agency's program and discussing some of the problems the child might face.

5. *Intake.* The final decision regarding the child's acceptance into a program was made by that agency's staff. The New York Service assisted by supplying referral information and suggesting possible assignment to a group.

6. *Transportation.* Where required, the service arranged and paid for transportation to the center.

7. *Additional staff.* If the child's disability was so severe as to require an additional adult in the group, the service supplied the funds to hire an assistant leader.

8. *Follow-up.* After placement, a worker maintained contact with the agency and the child to assist in the solution of problems.

It is not yet possible to evaluate the effectiveness of this program fully, but certain facts and impressions can be reported. Seventy-five handicapped children have been placed in 17 agencies. Most of these children have been in after-school programs two or three times a week, but 18 were in a five-day summer day camp. The major diagnostic categories were post-polio, cerebral palsy, and muscular dystrophy. Many of the children used braces and crutches. Several were confined to wheelchairs. Most were in segregated classes in schools.

In interviews with the handicapped children, their parents, and the agencies a group of graduate students found that placement was successful in approximately 70 percent of the cases.<sup>7</sup> We do not yet know the determinants of success or failure. However, it appears that severity of disability was not a critical variable.

### Conclusions

Treatment agencies cannot by themselves achieve the goal of reintegrating the handicapped into the community. Segregated groups are

<sup>7</sup> Herbert Barriash *et al.*, "The Integration of Physically Handicapped Children into Group Service Agencies." Unpublished M.A. thesis, New York School of Social Work, 1961.

sometimes necessary; however, it would be most unfortunate if we were to transform this necessity into a virtue. Community agencies have the responsibility to provide the opportunity for the handicapped person to use his motivation and skill. They may find it necessary to re-examine their definitions of whom they will serve. As social welfare institutions, they cannot be satisfied with policies and programs that tend to exclude individuals who most require community intervention in meeting their needs.

We must seek more effective ways of overcoming the resistance we find in many traditional agencies. Additional experimentation should be undertaken to evaluate both the determinants and the results of differing approaches to integration. If we are successful in developing integrated services, our efforts may well have important unintended consequences. Not only will we have the satisfaction of knowing that we are making a significant contribution to the happiness of disadvantaged individuals; we may recapture the sense of dedication and urgency which all too often has been absent from traditional group service agencies. We may also find that the problems associated with integrated services require the full range of competence and skill possessed by professional group workers. This in turn might reduce the need of some of our fellow professionals to seek fulfillment in the special settings.

Not long ago, in our own country, we saw dramatic evidence that in space travel the critical problem of re-entry has been solved. Would it not be an at least equally important achievement if the same problem could be solved in relationships among people?

## **A report on two girl scout pilot projects: migrant agricultural workers and urban hard-to-reach groups**

**LUADA BOSWELL**

Since its beginning in 1912, the Girl Scouts of the United States of America has emphasized in one way or another its abiding interest in reaching all girls who want to belong to a troop, provided they accept the Girl Scout Promise and Laws. Sometimes this emphasis took the form of pilot projects that demonstrated what needed to be done in order to reach groups of persons who, as was known both from studies and from experiences in the field, had been consistently difficult to reach with a Girl Scout program.

The plan of this paper is to report on two such projects carried out by the Girl Scouts from 1954 to 1959. It will endeavor to cover some of the highlights of problems encountered, methods used, and learnings gained, with some suggestions for future action. Financed by the Rosenberg Foundation of San Francisco and the Doris Duke Foundation of New York, the first project, three years in length, involved rural migrant families in the San Joaquin Valley of California. The second, lasting two years and supported by the Doris Duke Foundation, was carried on in southern California and designed to extend Girl Scouting to those urban groups we call "hard-to-reach."

The terms used to describe the people worked with are inexact. The word "migrant," for example, to denote a person without roots who moves with the crops in order to earn a living, is a fast-changing concept. Even at the beginning of our project the term, in California at least, was gradually coming to mean a person who had a home base which he left for part of the year for the purpose of doing agricultural work elsewhere, and to which he returned to spend the rest of the year. Now that many farm labor camps have been demolished, that home base would very likely be located in the fringe

area of the town nearest the crops, and the commuter to the fields would be known as a "day-haul" worker. Although the term "semi-migrant" would have been more descriptive of those in the project, since many of them were home-based, the accepted term "migrant" will be used here.

The term "hard-to-reach," although inept in many ways, has been used for the sake of brevity. It designates groups which were hard for Girl Scout councils to reach when using their customary pattern of troop organization. Such persons, we felt, were hard to reach by virtue of the fact that they had not yet become assimilated into the mainstream of community life. Generally speaking, they were persons undergoing hardship or handicap from low economic status; minority, newcomer, transient, or nonresident status; or a combination of these conditions. In the light of this description, both groups were "hard-to-reach"—the chief difference between them being that one was rural and the other urban. We will use this general term, therefore, as referring to both, unless specific reference to either group is needed.

In both projects the families involved were for the most part Anglo-American, Mexican-American, and Negro, with some Japanese Americans and a smattering of other ethnic groups. Their general condition reminded me of a survey I once read.

Forty children in a grossly underprivileged section were asked what people meant when they said children came from a good home. They answered in the following way:

Where there is enough to eat every day	19
Where it is always warm	12
Where nobody fights	4
Where there is enough soap	2
Where everybody has shoes	2
Where they don't take your furniture	1 <sup>1</sup>

Those answers give a child's insight into the complex, interrelated socioeconomic problems we found, problems of such severity and magnitude that no one agency or organization could hope to solve them. Everything was needed. Each farm labor camp and every urban hard-to-reach area contained, in miniature, all the elements of social distress, with attendant problems of discrimination in housing and employment, irregular and sometimes poor-quality education, lack of acceptance by the community, inferior health—all inter-

<sup>1</sup> Marie Rasey, *Toward Maturity* (New York and Philadelphia: Hinds, Hayden & Eldridge, 1947), p. 17.



acting upon each other and usually complicated by cultural differences.

Although these people were faced with some of the same problems that confront us all from time to time, theirs were more likely to occur simultaneously and thus be compounded and grow to even greater intensity. As for alleviation, they had fewer outside resources at their command than the average person. Their inner resources, however, like those of the rest of human kind, were often surprisingly strong, especially under stress.

In spite of the leveling process of what Oscar Lewis calls the culture of poverty, people caught in the web of these circumstances appeared to be more heterogeneous and individualistic than their middle-income, average, more conforming neighbors, and not only because of cultural differences. Attitudes among the hard-to-reach ran the gamut. At one end were those who were apathetic about their situation and at the other extreme the more aspiring ones. In the middle were people of whom it was once said, "They could either start a riot or stop one." Our concerns were for all the hard-to-reach, but it was often the more aspiring ones and those in the middle who produced the best and more lasting leadership and thus found themselves in the position of doing a service for the daughters of the less fortunate. Many of those we secured as leaders had such a reservoir of potential ability that they almost cried out for opportunities in retraining, rehabilitation, informal education, and other programs that would provide the necessities they lacked: inspiration, learning, socialization, and stability in their lives.

Our general purpose was to broaden the reach of Girl Scouting to include a better cross-section of the community. Specifically, we proposed to carry it out by organizing troops for the daughters of migrant workers and the urban hard-to-reach at places convenient for them to meet, with leadership indigenous to their neighborhoods. Out of these experiences we hoped to learn how best to achieve our ends so that we could demonstrate to Girl Scout councils with similar problems throughout the nation how they might carry out projects of their own. We hoped that eventually the troops organized under special projects would become so assimilated into the stream of council operation that they no longer required special assistance.

For the purpose of examining the work it is convenient to divide it arbitrarily into five phases, even though, as it progressed in the field, these often overlapped. Roughly speaking, they are (1) exploration of the community; (2) recruitment of leaders and other adult per-



sonnel; (3) training of those recruited; (4) on-the-job help to the adults who were working closely with the girls; and (5) the resultant troop program for girls.

### *Community Exploration*

The phase of community exploration is a difficult one for the beginning project organizer, as the worker in the field is called. In the course of one day she often finds herself talking with persons from many walks of life, levels of achievement, cultural groups, and occupations—all about different facets of the same topic, plans for organizing Girl Scouting to serve the hard-to-reach. This calls for flexibility in the matter of timing, approach, presentation, and emphasis, and for a sensitivity to problems peculiar to the field of intergroup and human relations.

A newcomer to the area, the project organizer is asking for information, help, and advice from many who have lived there for years; yet she must sift rumor and prejudice from the more meaningful information she will obtain; and she must do this without jeopardizing her plans for the hard-to-reach.

Most difficult of all, she is trying to promote a program with benefits, intangible for the most part, for girls in underprivileged neighborhoods where little that is constructive has ever thrived before; and she proposes to do it with leadership indigenous to the groups she is trying to serve. She knows that the very success of that program will depend on two elements: first, the tenuous threads of interest she can find and hold onto through her preliminary interpretation of the program until such time as a troop becomes a reality; and second, her own belief in the ability of those indigenous to the area to carry out the program, and in the interest of organizations concerned with community welfare to support it. Beside that, she must have patience with all the groups with which she works.

This, then, is the crucial period. It is the time when some workers become discouraged and are inclined to agree with those who say that persons in depressed socioeconomic areas cannot be reached with a program such as the Girl Scouts. When they do become discouraged at this point, it is because they tend to forget, or fail to understand, or are prone to underestimate the power of human potentialities. An observation by Gardner Murphy is pertinent. He writes:

Affection and trust, belief in the unrealized potentialities of other human beings, call into existence not only what is waiting

to bud but what could never otherwise be; and others, responding in their turn, lift those who reach out to them to a level they themselves could never have defined.<sup>2</sup>

Dr. Murphy has described very well a phenomenon encountered in our work with the hard-to-reach. It is that very intangible process of social interaction going on subterraneously, as it were, that spells the difference between success and failure. The impact of one person upon another, the extent to which an idea can stir the imagination, the rapid development of dormant abilities, and the uses to which native intelligence and ingenuity can be put in spite of other handicaps—all these made our work possible; yet they cannot be foreseen, nor measured, nor systemized. They can only be relied upon by sheer faith, except in the most abject and apathetic of situations.

During Phase 1, our contacts were very diverse and ranged from such key persons as managers of public housing projects, school personnel, social workers, nurses, co-ordinating councils, church groups, and service clubs to the hard-to-reach themselves. In addition, in migrant areas we contacted growers, camp bosses, crew leaders, non-farm employees, and many others; but perhaps our best source of help came from the public health nurses and public school personnel. In places where migrants had seldom heard of the Girl Scouts, for example, rapport was established quickly if they were introduced by the public health nurses serving that area. Most of the professional persons were eager for us to provide one more community service for those who had access to so few. In others, we sometimes found a dubious attitude and sometimes closed minds. Those we were trying to reach, however, almost always displayed very favorable attitudes and a strong belief that Girl Scouting could furnish not only the outlet they themselves needed but also the training and association their daughters so sorely lacked. In many different ways, not always in words, there was an expression of sincere appreciation for our presence.

Out of the wealth of impressions, information, and knowledge gained, we began to compile a list of likely prospective leaders and a sense of priorities. A plan began to emerge. It was not a blueprint for all workers to use in all hard-to-reach areas; rather, it was a tentative plan for that worker in that time and place. Another location would require another plan of work, although some of the learnings from the first plan could apply to the second.

<sup>2</sup> *Human Potentialities* (New York: Basic Books, 1958), p. 313.

### *Recruitment of Adults*

In describing Phase 2 a knowledge of methods used in ordinary recruitment of Girl Scout leaders would be helpful, but is too cumbersome to detail here. Perhaps it is enough to say that in working with homogeneous, middle-income groups, certain short cuts or standardized methods are possible because the average woman ordinarily has had several points of contact with community organizations. From these she has developed a certain familiarity with the pattern organizations are likely to follow, and she often has an expectation of what generic volunteer job she could most easily fill.

Not so our prospect from a hard-to-reach area. She would never respond to an impersonal invitation sent through the school or church requesting her presence at a parents' meeting called for the purpose of organizing a Girl Scout troop. There are too many unknown quantities in such an invitation. Some of them run like this in her mind:

Which parents do they mean? Would I be welcome? What is Girl Scouting anyway? What do they do besides march in parades? Does it cost a lot to belong? The uniform looks expensive. I couldn't be a leader even if they wanted me to because I don't speak good English. Even though I've got my papers, I was not born in this country and I wasn't a Girl Scout as a girl, so I couldn't help with the troop. Besides, I can't be sure I can go to the meeting on the first Monday night of next month. The baby may not be over the croup, the car might not be working so good, and we may be out of work by that time and on our way to the next town.

By this time, she will have thrown away the invitation. For these reasons a personal call on her, and others on our list of referrals, is imperative.

During the recruitment phase we made many calls, some of them door-to-door; yet we seldom asked anyone explicitly to be the leader of a troop. Instead, we talked in a general way to each woman about our plans for a Girl Scout troop in her neighborhood, giving her simple information about what a troop is like, what kinds of things a troop might find to do in her vicinity, and what a troop would need in the way of people and facilities. Keeping our visit warm, friendly, natural, leisurely, and uncomplicated by agency jargon about council structure, we tried to convey the idea that we were genuinely interested in her as a person as well as a prospect. We tried to relate to Girl Scout program, however, what we saw around her and what she

told us of herself. We attempted to anticipate some of her concerns about the cost of belonging, eligibility requirements, and the difficulty of the training course. At some time during the visit we made it a point to say in simple language that scouting is open to all girls regardless of race, creed, color, national origin, or economic condition; that anyone interested in girls could help in some way with a troop—as leader, committee member, or interested parent; and that we wanted her to attend a training course to learn more about scouting before committing herself to a job.

In the migrant area we did not confine ourselves to migrant women alone, but contacted ranchers' wives and nonfarm women such as teachers, postal clerks, and salesladies. Our interpretation to them included our hope that troops could be formed with enough adults of varying degrees of mobility and stability so that there would remain a nucleus of leadership when some of the migrant women left to work elsewhere. We tried to imbue the permanent residents with a sense of what we were trying to do, so that they would feel some responsibility in seeing that the troop continued with indigenous leadership even though some of the leaders had to move. In hard-to-reach urban areas where all the residents were of low income, we tried to obtain the help of enough adults to work with the troop so that if one or two moved away, the troop would not have to discontinue meeting.

The values of this method are obvious. A woman in a hard-to-reach area had a chance at her convenience and in familiar surroundings to hear as much about scouting as she needed to know at that point. The project organizer had a chance to establish rapport with the prospect, learn more about her interest and ability, often-times observe her with her own children, and extend a personal invitation to the training course, while removing as many inhibitions to her attendance as possible. Yet neither the project organizer nor the prospect needed to commit herself until she could find out more.

Some of the problems are obvious, too. One is the length of time required for visits and follow-up calls, and another is the prejudices that sometimes exist among the various economic and ethnic groups we were trying to integrate into one working unit, particularly in the migrant area. As for the first, we felt the time was well spent and that no visit was wasted, even if it did not result in recruiting prospective trainees. As for prejudices, some of them continued to exist, but sometimes they were dissipated. This occurred most often when concern for the welfare of all the children became a mutual interest on the part of all the adults and constructive steps were taken to plan

for all alike. Another deterrent was the realization that they could not indulge in prejudices and be "a true Girl Scout," as one migrant leader put it. On more than one occasion, it was gratifying for us to watch their desire for scouting overcome their desire to maintain the *status quo*. At those times we saw Girl Scouting as a real force in helping to eliminate some of the social problems prevalent in the area.

### *Training*

The training course was the third stage in our work in the field. Since it was not possible for people to make intelligent choices about Girl Scout jobs until they knew more about the program, and since all who were interested had been invited, it was not, strictly speaking, a training course for leaders. It was, rather, an orientation to scouting from the point of view of what a troop does, what a leader is, and what troop program is like. Usually twelve to fourteen hours in length, it was ordinarily given in two-hour sessions twice a week.

Let us sketch briefly some of the techniques employed in this orientation. The personal approach in recruitment attracted as many as twenty-five women or as few as five to our course. Timid but interested, lacking in self-confidence but willing to listen, they came to the church, school, or home selected as the nearest to their location, on a day and at a time convenient for most of them. Small children were always present, and a baby sitter was provided if possible.

Even though some of the trainees had more education than others, the course was geared to the education, background, economic situation, and experience of the hard-to-reach woman. We assumed that she was usually unaccustomed to groups except for her own family group, that she was not skilled in note-taking or using tools such as handbooks and community resources, that she probably did not have the time to read much or the facility to read fast.

To counteract some of these handicaps, a simple notebook containing rudiments of the program was furnished her in lieu of a Girl Scout handbook, with paper and pencil included for taking notes. As for content, early in the first session, emphasis was placed on the philosophy of Girl Scouting, how the movement was founded, its world-wide aspects, and its code of ethics. The program seen from that perspective had universal appeal for them. As one migrant woman said about the Girl Scout Promise and Laws, "It's what I always believed but didn't know how to put it into words." During

that first session there was always a chance for them to make a simple but attractive article which they could take home to show their families. This somehow gave them confidence that some parts of the program were not beyond their capabilities.

By the second session, most of them felt somewhat free to talk and ask questions. Content became more practical and specific. Discussion about Girl Scout program, for example, was related at first to what they had liked to do when they were children, and progressed to what was available in their neighborhoods at present among the activities suggested in the Girl Scout program. In the course of reviewing activities for girls, these women from isolated farm labor camps and congested city areas often learned useful skills that had been omitted from their own training—for example, how to set a dining table properly, how to introduce someone correctly to another, how to teach a song to children or to make a simple budget.

Alternating with earnest discussion about how one works with girls, we interspersed the teaching of ceremonies, songs, impromptu dramatics, and games; and there were occasions for socializing within the framework of the course. Often these spontaneous activities demonstrated their understanding of and appreciation for the concepts they were learning. For example, the trainee at whose boarding house we were meeting made for us a special delicacy served on a religious holiday in Mexico; and an unemployed Negro domestic worker, mother of one of our Girl Scouts, made a cake for us because, as baby sitter, she had so much enjoyed being a part of the group (she would have been taking the course except for her need of the wages paid for baby-sitting). A relocated Hopi Indian woman showed us baskets her villagers had made, because she recognized that the art of her tribesmen was compatible with Girl Scout program. A truly migrant woman volunteered to make an American flag for us to use in our training course; fashioned out of a discarded paper fertilizer sack and colored with crayons, it was durable and artistic, and we used it with a great deal of pride.

Thus, with all their handicaps, they were very quick to catch the spirit of scouting, the idea of giving service to others and of sharing the customs of their culture and their individual abilities consistent with scouting. In addition, they brought a freshness and vitality to the program not always found in levels of society accustomed to working with youth groups as a regular part of community living. Although weaker in some of the skills usually found in the average leader, they excelled in qualities of ingenuity and enthusiasm. They had an explicit and literal belief in the purpose of scouting and



showed great resourcefulness in the art of managing to be a very busy mother, wife, and breadwinner, and at the same time attend a Girl Scout training course. Once they caught the purpose of scouting, they were usually tireless in their efforts and their rate of growth and development as Girl Scouts was often astounding.

### *On-the-Job Help*

The fourth phase of the work was selecting the leaders for the troop from among those trained and giving them as much help as possible during these first precarious months of troop life. Leadership usually did not have to be selected; it rose to the top during the training course. One usually had to strengthen it with frequent individual conferences and give concentrated help—on a diminishing scale, however, as the troop progressed.

The genius of the Girl Scout program is its flexibility. Based on sound educational principles, with content in the form of thousands of suggested activities, and carried out according to the principles of the movement, troop program can be either enriched or simplified, accelerated or decelerated, and best of all, it can be entered at any time of the year of any girl's life from 7 through 17. Because it is a democratically planned program involving the needs and interests of girls, it can be custom-made to suit the members of each troop; and for that reason it is eminently suitable for all kinds of groups. All it takes is real understanding on the part of leaders that the central purpose of Girl Scouting is "inspiring girls with the highest ideals of character, conduct, patriotism and service that they may become happy and resourceful citizens," and then realizing that they start with the specific activities that girls in their troop need at their stage of development, in their environment. This is a large order, but most of the leaders in hard-to-reach areas grasped it. Perhaps it was because one usually grasps the essence of what one vitally needs.

The gratifications of leaders as they saw the program unfold and come to life are too varied to enumerate here or try to summarize. Perhaps the best way to give a glimpse is to quote from the letters of one leader. A former migrant girl herself, she had possibly an eighth-grade education and was married to a man, a camp boss, with a fourth-grade education. Here are excerpts:

The girls would come to meetings twice a week if we could manage. They are painting the Scout House now and are going to chose a name for it . . . I lost Lola Mae from my troop. Her and her mother left for Oregon yesterday. She attended

three meetings and says she is going to join a troop up there. Iola Mae gave my kids her little dog when she left. . . . My girls started their child care badge today and I let them practice on my Bruce. They have done three of the requirements already. . . . The one dollar in this letter is one I've owed you for a long time.

Another time she wrote:

Do you know we had our first troop meeting a year ago today? Sure has gone by fast. I enjoyed meeting Lady Baden-Powell yesterday. [The World Chief Guide and wife of the Founder of Boy Scouts visited the Migrant Project.] Lady Baden-Powell is just like one of us, isn't she? Just over a year ago when we were learning about her and how to give her the Girl Scout handshake, I thought I would never have to worry about that. And here she was yesterday. Life is odd, isn't it?

During the second summer after her troop was formed she wrote:

It's 7:30 P.M., first spare minute I've had since I got home from the second day of Day Camp. Sixteen registered in my unit, had fourteen yesterday because Eva and Dora had to work, chopping cotton. Must stop writing. I have a load of clothes to hang out.

In the migrant area the leaders organized a campaign to help the Girl Scout council make its financial goal for the year. Contacting farm workers and ranchers alike, they obtained their quota of several hundred dollars, so that during the second year their area was financially self-supporting. Occasional reorganization of troops had to be done, to be sure, and frequent counseling helped to maintain a relatively strong neighborhood of troops.

### *Troop Program*

In advising leaders about troop program, the fifth phase of our work, special consideration had to be given to factors that caused variations of need and interest on the part of the girls. Some of those affecting program were: the diverse cultural backgrounds of the girls; lack of recreational opportunities; absence of outdoor group experiences; and the ability of girls who are often the recipients of community service to give service to others. Many of these factors, which at first glance appear to be handicaps, can easily be turned to advantage by a leader with imagination. Thus program can be a vital and realistic force for a girl.

On the whole, leaders in hard-to-reach areas were quick to realize the needs of their girls and did a much better job of fulfilling them



than trained leaders brought in from outside the area would have done. For example, one troop of junior high-school girls bought an old-fashioned sewing machine with \$10 they had earned selling cookies, so that as part of the troop program they could make blouses and skirts during the summer to wear to school the next fall. The leader of a Brownie troop, realizing the ghetto-like neighborhood in which the girls lived, asked their sponsoring group to provide a bus so that they could take a trip once a month to various parks and places of interest throughout the city.

Another leader faced with discrimination among the girls in her racially mixed troop toward a girl who wanted to join, used the Girl Scout program effectively in this way: when they said they did not want the new girl to join because "she was too dirty" and "talked too rough," the leader pointed out it was the duty of the troop, according to the Promise and Laws, to help such a girl, not to ostracize her. With the new girl assigned to a patrol, with the admonition that they were to help her learn how to care for her clothes, wash her hair, and behave in a way that was acceptable, the girls found themselves supplementing their new member's deficient home training, and learning the real meaning of the fourth Girl Scout Law: "A Girl Scout is a friend to all and a sister to every other Girl Scout."

Another troop, of their own volition, acted as "great-granddaughters" to the women in a nearby home for the aged. They wrote letters, made gifts, stopped by to visit them, gave an occasional party for them, and were thoughtful in many ways to those women separated from their families.

Program can best be summarized by saying it was rich and varied, although for some of the women and girls with whom we worked it was intermittent. There is no scientific way of knowing, at this point, what impact the Girl Scout program had on them. It seems safe to assume, however, that even if their contact with Girl Scouting was cursory, they may have caught a glimpse of what it is like to be accepted as an individual of worth; and, once glimpsed, it is hoped that the full acceptance of their worth will remain for them a goal that can be realized.

### *Conclusions*

Our findings have been interspersed throughout this account, but to recapitulate, they are: (1) the importance of indigenous leadership to the success of the work; (2) the fact that the hard-to-reach do not

need preferential treatment, as in the days of paternalistic philanthropy, but do need differentiated treatment based on need, as does everyone; (3) the suitability of the Girl Scout program for hard-to-reach groups, because its flexibility allows for a practical and realistic application to the real-life needs of girls living in socially depressed areas; (4) the benefits that accrued to the girls and their families from belonging to a world-wide movement such as Girl Scouting, thus fulfilling a vital function in their lives; (5) the fact that the intermingling of all groups in the community in an activity having a common purpose was a humanizing experience for all, so that beneficiaries of the work were not the hard-to-reach alone; and finally, (6) the desirability of having interested groups in the community make a concerted, coordinated plan to give the service for which they were organized, in new and imaginative ways, to the socially deprived in their midst. Such a plan would provide groups in social danger with increased opportunities for better health, education, housing, welfare, recreation, employment, and general well-being, as well as furnish improvement for the total community.

In the light of our work, we think community groups need to sit down together and make a massive plan to provide better social health for all community citizens. Such a plan would give direction to all groups, serve as a clearinghouse, and provide for advisory help on such matters as how to assimilate better their diverse population instead of isolating one group from another; how to use the wealth such diversity provides instead of squandering it; how to pour service simultaneously into population pockets where there is a real thirst for increased knowledge, vital experience, and spiritual meaning in impoverished lives; how to remove more quickly the physical deterrents to more effective living; how to develop leadership among the socially depressed by providing advisers to indigenous groups dealing with real-life problems; how to adapt techniques from our foreign aid programs to use in comparable domestic situations; in short, how to tackle all the social problems of the community on a planned, systematic, meaningful, synthesized basis.

Out of this kind of thinking will come exposure to the problems, badly needed at present; out of exposure will come more understanding; out of increased understanding and the stimulus of interaction can come a plan; and out of a plan, one hopes, will come action.

# practice

## Social group work in hospitals

LOUISE A. FREY

The professional activities of the social group worker in a hospital are determined by his identification as a social worker. He uses social work methods to help achieve the purposes of the social service department of which he is a part. These departments are usually guided by the standards of practice in their field of endeavor and fit somewhere in the three functions of the social work profession suggested by Werner Boehm: restoration (including curative and rehabilitative functions), the provision of resources, and prevention.<sup>1</sup>

In looking at group work practice in the hospital, it is also necessary to consider the statement in the "Working Definition of Social Work Practice" prepared by the NASW Commission on Social Work Procedure.

Social work practice, like the practice of all professions, is recognized by a constellation of value, purpose, sanction, knowledge and method. No part alone is characteristic of social work practice nor is any part described here unique to social work. It is the particular content and configuration of this constellation which makes it social work practice and distinguishes it from the practice of other professions.<sup>2</sup>

<sup>1</sup> Werner Boehm, "The Nature of Social Work," *Social Work*, Vol. 3, No. 2 (April 1958), p. 16.

<sup>2</sup> Commission on Social Work Practice, "Working Definition of Social Work Practice," in Harriett Bartlett, "Toward Clarification and Improvement of Social Work Practice," *Social Work*, Vol. 3, No. 2 (April 1958), p. 5.

These views of social work provide the framework for group work practice in the hospital, and the Practice Commission's formulation will be helpful as a guide in examining this practice. Value, purpose, and sanction are the same for all social workers and are interwoven in a pattern which commits social workers to efforts in behalf of the social, psychological, physical, and spiritual well-being of the individual and to efforts to improve the social conditions within which he functions. Knowledge, too, is the same for all social workers, although different degrees of knowledge are required in the methods and other areas for the various kinds of practitioners. The group worker, for example, in addition to depth of knowledge about human development and behavior needs a similar depth of knowledge about group dynamics and small group theory. Parenthetically it should be stated here that sound practice requires that a social worker who is trained in one method and moves into using either or both of the others must enlarge and deepen his knowledge base for sound practice.

### *Method*

Having firmly located group work method in the social work profession, we may now look at the specifics of its practice. The group worker carries out the purposes of the social service department in a hospital through his traditional focus upon, and competence in, guiding the natural and potential groupings in the social system.

Hyman Weiner suggests group work intervention at three levels: the hospital, the ward, and the patient.<sup>3</sup> The Joint Committee of the Medical and Group Work Sections of the National Association of Social Workers<sup>4</sup> has tentatively suggested an arrangement on a continuum of patient, staff, administration, and community.

The intention of Mr. Weiner and the joint committee is to guarantee the participation of the social worker in the full range of his responsibilities by encouraging caseworker and group worker alike to put on 3-D spectacles in order to see the individual, the group, the ward, the hospital, and the community in a perspective that includes social work in all parts of the motion picture. Let us look first at the group worker's activities in direct service to the patient, through formed, spontaneous, and ward groups. We can then examine the group worker's role with the staff and administration and his activities in the community.

<sup>3</sup> Hyman Weiner, "The Hospital, the Ward, and the Patients as Clients: Use of the Group Method," *Social Work*, Vol. 4, No. 4 (October 1959).

<sup>4</sup> Elinor Stevens, chairman; Sarah T. Bergholz, Hope Thomson, Mary Lee Nicholson, Hyman J. Weiner, Louise T. Frey; Florence Ray, staff.

### *Direct Work with Patients*

Observation of the group worker in the hospital setting would show him involved with a variety of groups of patients doing and talking about seemingly diverse things. A closer look at the reasons behind this rich variety would probably reveal that the group worker is guiding these groups in the service of prevention and/or treatment. An observer of a group work program in a pediatrics service concluded that it was an example of the second phase of primary prevention—i.e., prevention of disease in a susceptible population through promotion of well-being and specific protection. In describing the program at the Boston City Hospital as specific protection, Lydia Rapoport wrote:

This program is designed to protect children from the effects of separation, isolation, and specific reaction to medical and surgical procedures. The method used is that of social group work and consists of guided group experiences, catharsis through verbalization and play, and the opportunity for mastery of traumatic events as well as growth-oriented experiences. Intervention here is beamed at a particularly vulnerable population, i.e., groups of children in the hospital. It is directed at lowering the hazards encountered in a hospital by provision of a direct service to groups of children and by influencing ward management and procedures (the institution) in order to strengthen the children's adaptive and growth potential.<sup>5</sup>

Actually such a program has treatment as well as preventive purposes, for there are many patients who already have problems ranging from mild or situational to severe or basic. (The whole question of whether treatment can also be included as an aspect of prevention certainly has not been decided.<sup>6</sup>)

When the group worker is concerned with treatment, his activities seem to be directed toward the goals of ego-enhancement or support. What does supportive treatment look like in group work? In purpose it closely resembles supportive treatment as described in casework literature. Lola Selby summarizes her review of various writings on supportive treatment by saying,

<sup>5</sup> Lydia Rapoport, "The Concept of Prevention in Social Work," *Social Work*, Vol. 6, No. 1 (January 1961), pp. 4, 11.

<sup>6</sup> See also Milton M. Wittman, "Preventive Social Work: A Goal for Practice and Education," *Social Work*, Vol. 6, No. 5 (January 1961), and *Prevention and Treatment* (New York: National Association of Social Workers, January 1959). (Mimeographed.)

The gist of all these commentaries seems to be that supportive treatment attempts to restore and/or strengthen ego defenses in order to bring about symptom removal, behavioral improvement, and better social adjustment. What is supported? The strength of the individual represented in his integrative capacities and in the ego defenses which serve him constructively. The social worker would also add the desirability of supporting the strengths in the client's social environment.<sup>7</sup>

Although these goals are similar to those of the group worker, one cannot say that he does casework in a group, an impossible contradiction in terms. Central to group work method are the group processes, interactional and relationship patterns, the activities of the group, and the effect of the totality upon the members. Through the many dimensions of group dynamics, the worker aiming at supportive treatment manipulates these processes in order to provide members with opportunities for mastery, achievement, and sublimation through use of program media (which include discussion as well as activity)—all of which increase the individual's sense of confidence in his capacity to meet the stresses of his situation. Creative self-expression and limited catharsis through program also increase the individual's capacity to handle his emotions appropriately without excessive denial, repression, blockage of aggression, and ego-constriction. The development of a democratic organizational form and the encouragement of the processes of decision-making and conflict-resolution express the worker's confidence in the ability of group members to solve their own problems in this situation and others. The worker's supportive, warm, good, parent type of relationship helps relieve the anxiety and tension involved in being ill and in a hospital. The imitation of the worker's attitudes by group members and the interaction in a protected, guided group provide the members with a structured experience in which social learning and new attitudes about self in relation to others can develop. The clarification of aspects of the patient's feelings and fears about his illness, the course of medical treatment, and plans for the future in the supportive climate of shared concerns is one of the aims of the therapeutic group experience in a hospital.

What must the group worker know and what must he do in a hospital to help the patient through the support of a group experience to maintain or restore his ego strengths during this period of stress? He must understand the effects of illness, hospital procedures, and

<sup>7</sup> Lola Selby, "Supportive Treatment: The Development of a Concept and a Helping Method," *Social Service Review*, Vol 30, No. 4 (December 1956), p. 409.

institutional social processes upon the patient. Feelings of dependency, depression, guilt, hostility, regression, blocked aggression, loss, and separation must all be taken into account as threats in varying degree to the patient, depending upon his ego strengths, his age, home and social situation, the nature and duration of his illness, and the quality of the treatment he receives.

The group worker's use of the study-diagnosis-treatment formulation of scientific method is basic to his work with patients, and he formulates psychosocial diagnoses to determine which patients are in need of a group experience and to plan for the kind of experience they need. Such a study takes into account the medical or psychiatric treatment plan for the patient and any casework or other counseling help, and considers how a group experience relates to a total approach. When a psychosocial study has already been made by a caseworker, the group worker uses this material, but still has to make a group work judgment about the patient and his possible place in a group. In a good many cases, patients are unknown to the casework service, but are known to the group worker because of his active involvement in ward life. The patient may not need casework help, yet might benefit from group work. By virtue of being a patient he is already participating in a group life with which the worker is concerned. The group worker is responsible for knowledge of the patient's needs and must conduct individual interviews to learn about him, his needs, his strengths, his concerns, and to initiate the helping relationship. During these interviews the worker describes his function and involves the patient in thinking about his participation in the group work program.

### *Kinds of Groups*

What kind of groups might there be for the patient to consider? There are those formed by the staff and those that arise spontaneously among the patients—rather akin to the formed and natural or friendship groups seen in group service agencies. Groups may be formed for a variety of purposes, which will be reflected in the content of the group experience. The important thing is that the purpose be clearly defined and that there be explicit goals for each member and for the group as a whole. For example, on the same service one group might be formed to discuss the problems of being handicapped and a second to plan activities for the ward. Both would have the same broad purpose of support, but the first might be designed for patients



who are ready to share their concerns as handicapped people, who would benefit from this group scrutiny and be able to contribute to the forward movement of the group in its supportive role. The other group might be designed for those who need a concrete experience of success in management of an area of daily life. Within such a purpose there would be different goals for each member. For one patient it might be a renewed feeling of self-worth; for another, a sublimation of aggression which had been destructively expressed against the hospital and had interfered in the patient's recovery and that of others. For a third, the goal might be an opportunity to keep leadership talents active, and for still another a step toward investment of libido in others rather than self, and preparation for the "problem"-focused discussion groups.

The group worker's role with spontaneous, natural groupings of adults must also be considered. It is very important in a hospital that the group worker have a relationship with the patients that permits him to become active in their spontaneous groupings. Some of the most crucial dynamics of the recovery process take place in these groups, as do some of the most destructive. The works of Caudill<sup>8</sup> and Stanton and Schwartz<sup>9</sup> are most revealing in this area. The worker's intervention when misinformation is being shared by two or three patients, or his support when helpful discussion is going on, or his protection of the confused patient, may be some of his most therapeutic activity. To be permitted to take this role in the patient culture, the group worker has to be perceived as a familiar, non-threatening, and respected person by the group as a whole. This requires his frequent presence where such groups gather and his keen diagnosis of what is going on.

Group work method is also applied to formed and spontaneous groups of children. As with adults, such groups must have explicit purposes and goals. These are necessarily complex because of the relatively unsolidified state of the child's ego, the active quality of his fantasy life, the lightly covered id impulses and fragile superego. We are all familiar with the stresses on the child of illness and hospitalization and the necessity for hospital care which will lessen these stresses and deal with the psychological as well as physical suffering of the child patient.

The case of the group worker is clear in a pediatrics service with

<sup>8</sup> William Caudill, *The Psychiatric Hospital as a Small Society* (Cambridge, Mass.: Harvard University Press, 1958).

<sup>9</sup> Alfred H. Stanton and Morris S. Schwartz, *The Mental Hospital* (New York: Basic Books, 1954).



both spontaneous and formed groups. Formed groups provide children with opportunities to use activity as a means of safely playing out fears, releasing pent-up aggressions, and stimulating discussion of their concerns and fantasies. In these groups the worker intervenes with explanation, reassurance, and recognition and acceptance of feelings in order to provide a means of mastering the overpowering experience of illness and hospitalization. The worker selects program media which will facilitate communication between the group member and himself and among group members. With some groups controls are reinforced, with others, aggressions given outlet. Whatever the specific technique of the moment, it is basically in support of the child's ego in encompassing and mastering the hospital experience. In this process the child may also learn to trust an adult, to enjoy being in a group, to form relationships, and to use his talents in a gratifying way. The group may provide a preventive experience, a corrective experience, or a growth-producing one of broader import to his development than just the working out of the problems caused by the illness or the situation. The records of group work practice are rich with examples of significant group work experiences for patients in hospitals. Unfortunately space does not permit extended presentation of them here, and one example must suffice to suggest the possibilities.

The following excerpt from a record is given to illustrate in microcosm some of the objectives and techniques of the social group worker with a therapeutic group. In this group three boys from a surgical ward of ten have been selected through individual intake interviews to be in need of and ready for a therapeutic group. (The others are served in a play program led by college and nursing students. Although supervised by the group worker, this has limited goals and the groups are not social work groups.) Briefly condensed from the extensive records are the following thumbnail sketches.

*Bobby, age 7.* His leg injured in an auto accident, Bobby demonstrates in individual play his unconscious fears of loss of the limb through identification with brother who recently did lose leg in a train accident. Bobby comes from a troubled family, has no visitors, and is seductive with female worker.

*Charlie, age 8.* His physical disability has kept him in and out of casts most of his life. As with Bobby, his family is broken. He talks about his two brothers who died recently. He is so annoying to nurses with his demands for attention that he is punished by being restricted to bed. He handled this by throwing himself off the bed and splitting his new cast.

*Tommy, age 10.* A fall from a bridge has resulted in a complicated broken arm. He is frightened and depressed, but otherwise seemed to have no serious disturbances in relationships. Family situation is good.

When we sat down in the group together, Bobby and Tommy were at first not involved as group members except by their physical presence, yet for very different reasons. Tommy was new and afraid and could not quite trust the function of the group. Bobby was interested in getting individual attention from me and not in working with the other boys. Charlie on the other hand was trying to get the group going by offering play material to everyone and tried to be supportive to the worker. The significant part of the group meeting came when the conversation started after 15 minutes of individual exchange with the worker, interspersed with silence.

B was playing with the train: he said that he had seen a whole bunch of men with their legs cut off. He said that when your leg got broken they cut it off. His brother Frankie has had his cut off. I remarked that yes, Frankie had had his leg amputated. The doctor had to do it because it was very badly injured. The doctor helped his brother to get well by doing this. I assured him and the other two boys their arms and legs would not be cut off. B commented on his cast and how it itches and hurts. The other two boys did not respond to what B had said. They just sat there. Then Bobby said that if you broke your neck, they cut off your neck and you couldn't see. T and C at this point laughed nervously and said that he was silly, that of course they didn't do that. They fixed it. Then I said something about the fact that all the hurts were being fixed. Tommy really responded to this remark. This was one of the first times he really got involved. T talked about how he had been in the hospital before, that this was his second time, and that his sister was always coming here for cuts and bruises. He told of a cousin of a cousin who had had "dramatic" fever among other things and had been in the hospital for six months, and that they had made him very fat (demonstrating a bloated belly). After further exchange between the children, I again reassured them this would not happen to them. Tommy said that it was scary when you came for an operation because you didn't know what to expect. He said that they were going to do something to his cast that afternoon. I asked C if he would tell T something about cast-changing. C told about it happening to him lots of times. T asked him how long he had been here, and C seemed a little distressed. T said, "Two months?" C said, "Two or three months . . ." C then talked about operations when they put you to sleep. They all agreed that they didn't like the smell of the ether and it was scary. The group then went on to dart shooting.

Although the three children were so different from each other, they had common fear, problems, and experiences—their common experience of treatment for physical disability, their common experience of life on a surgical ward with its unique atmosphere, culture, and imposed limitations on their activities, and their common fear of mutilation and castration, and of unknown hospital procedures. The children used the group to express their fears and concerns. The worker used techniques of reassurance, support, and clarification to help them. At the end of the meeting they chose to use darts as an expression of aggression and also as an exercise of control, as they attempted to combat feelings of helplessness through mastery and achievement in a masculine activity.

### *The Ward*

Besides work with formed and natural groups, the group worker is also concerned with affecting the processes within the ward group, another powerful factor in the patient's recovery. It is practically built into the group worker's perceptual system to view the patient as a member of a variety of groups, one of them being the ward group. In practice, when the group worker is assigned to a ward, his first look is at the ward as a whole, and he automatically sees it as a unit of service with each person in it as part of his responsibility. He knows that each one affects and is affected by the relationships, procedures, and morale of the ward, and he believes that one of his contributions is to study that ward as a group or social system and to conceive various measures to change or improve the social situation or conditions in it to assist the patients in their recovery.

We are all familiar with the difference in "feeling" from one ward to another—or in the same ward—depending upon patient or staff composition or a series of events at a point in time. We have had many experiences with the "negative" ward that keeps the timid patient from devoting himself to a rehabilitative program. In one gastrointestinal ward, for example, all patients had withdrawn from interaction and co-operation in treatment programs because of two patients whose aggressiveness, boisterousness, and derogatory comments about the quality of medical care had angered and frightened them.

The working out of these problems requires a variety of techniques, including individual contacts, work with various subgroups, and meetings with the group as a whole. The maintenance of good morale

may depend upon frequent ward management meetings, joint patient and staff meetings, and planning sessions.

The group worker's belief in the value of such an approach may be one not readily shared by his colleagues. Work with small, formed groups may be more compatible to the model of service held by caseworkers and therefore more acceptable. Moving into larger groups, inviting patients to share in ward management, may seem like an overextension of the social service function and may also be quite threatening to medical and nursing staff. In psychiatric hospitals where there is clear appreciation of the therapeutic potential of the milieu, the group worker's concern with participation along with others in active intervention may not be as threatening as in medical settings where the concept of therapeutic milieu has generally not yet taken hold. When a social service department through its group work program embarks upon work with the ward as a client system, it must prepare the way by having doctors, nurses, and aides involved in planning, setting goals, and developing their own new roles.

### *Work with Staff*

The group worker, too, functions as a member as he participates in the staff group. He shares with other disciplines responsibility for the care of patients and offers his knowledge and skill as a group worker to the total program. He feels a responsibility to bring to the attention of staff the importance of the group processes to patients, and he attempts to influence staff to make changes not only in procedures or attitudes which are detrimental to patients, but also changes of a positive nature leading to the development of the appropriate therapeutic climate for each ward. His success in this will depend upon the status he achieves among staff as a result of concrete demonstration of his helpfulness to patients and to them in the performance of their jobs. As a newcomer to the team he must *earn* respect and confidence, for these will not be ascribed to his role as he takes it on. Among his roles may be that of consultant, teacher, or supervisor in relation to the various staff groupings such as aides, student nurses, regular nursing staff, doctors, caseworkers. He may also supervise college students or volunteers who give important services to patients and develop their interest in one of the helping professions.

Lest this sound as if the group worker's point of view were easily assimilated by the traditional staff, it may be well to mention again

the studies of hospital structure cited earlier which show it to be a tightly held system in which change is difficult to introduce or sustain. The reader may also call to mind the battle scars of group workers who have pioneered in both "good" and "bad" institutions, and have succeeded against many odds. For the most part the scars are not regretted, but are a matter of pride because they have been earned in action to change social conditions, a motivating factor for many in their original decisions to become group workers and one which group workers fear losing in the clinical setting.

### *Work with Community*

Actually the group worker should have no fear that he will become so treatment-oriented in the hospital that he will forget his commitment to social action, for there is much to be done both inside and outside of hospital walls. Concepts of hospital functioning are changing in exciting ways, with increased community focus and attempts to offer medical services on a more decentralized basis, to lower costs by offering different styles of care, to engage in more preventive activities. These are just a few of the trends about which we have been hearing. The social worker certainly has a role to play on an administrative level in influencing the kinds of change that will take place, and if he has not been included because his role is conceived by others as more circumscribed and limited to direct work with patients, one hopes that he will offer his services.

He also has opportunity and responsibility to stand for and interpret—unpopular though his ideas may be in the hospital setting—the need for improved medical and psychiatric care for all people, and should be prepared to discuss problems of the cost of such care and hospitalization, to evaluate the various proposals, and to defend the one he approves.

What are other less controversial activities in which the group worker has been known to participate at this community level? He may, as happened in one hospital, work with a parents' group in such a way that an action project develops, resulting in improved educational opportunities for their handicapped children. He may be involved with patients who organize a petition to the city fathers that results in an improved hospital diet. He may help to spark a program through which handicapped children are included in group service agencies and camping programs. He may participate in the encouragement of lay people interested in a social center for dis-

charged mental patients, or make sure to attend meetings of the housing authority in order to present the specialized needs of the aged or handicapped. Perhaps the group worker should not be doing these things, but instead should be urging the administration to hire a community organizer to develop community resources for patients who will need special help to maintain the gains made in the hospital, and to prevent their return. This may be especially important for the physically handicapped, the aged, and the mentally disturbed.

### *Conclusion*

These are some of the ways the group worker may function in a hospital. One would hope to see him active at all levels at one time or another, selecting different emphases according to need in a particular institution. It is only when one puts together the total range of activities with the philosophy, values, knowledge, and commitments of the social work profession that one clearly understands the method and techniques of the group worker in the hospital setting.

## **Group placement of long-term mental hospital patients**

**DOREEN LINDSAY**

In a large state hospital like Metropolitan Hospital many patients have been hospitalized for long periods of time and years have passed since the acute phase of their illness. Such patients have usually maintained a "good hospital adjustment" and could probably get along outside of the hospital under supervision. The families of the patients often are unable or unwilling to provide this supervision for them and the patients remain in the hospital, receiving custodial care and becoming institutionalized. Sometimes attempts are made to place the patients in family care homes, but either the patients will not accept this idea or after being placed are not able to adjust to an atmosphere so different from the hospital.

At Metropolitan we developed a program designed for long-term, institutionalized patients who had no place to go and who were not considered typically "placeable" in either family care or work placements. Before they could be placed, the goals to be achieved with these patients were: (1) to stimulate interest in leaving the hospital; (2) to re-establish ties with the community; (3) to develop relationships among them which would replace the need for strong ties with the hospital and would sustain them while they were out of the hospital.

The social group work method was chosen as the best way to accomplish these goals. Through an intensive group experience strong emotional ties can be developed between individuals. From the attachment to the group and to each other the individual members find volition and feel support in trying new and perhaps (to them) frightening things. A group spirit is developed which motivates the group to move into the community—a motivation of greater efficacy, perhaps, than a one-to-one relationship can produce. This development of strong group feeling among aging mentally ill patients had



been clearly shown in a recent geriatrics placement program carried out at this hospital, in which patients were prepared for leave of absence by a group method.<sup>1</sup> Those patients were not placed in the home in groups, however.

The patients chosen for this plan were screened carefully from a ward containing many long-term patients. We wanted patients who would probably not be considered as candidates for leaving the hospital, yet who presented no management problems. Patients with severe acting-out behavior were not considered, but those who had manifest psychotic residuals were. Four patients were chosen for the group, and later a fifth was added through the insistence of one of the group members.

Descriptions of the group members follow.

Margaret S is a 63-year-old divorced woman who was a competent court stenographer for many years before she became ill. She takes care of her personal appearance well and is able to carry responsibilities for work duties on and off the ward. She has no relatives who are willing to provide care for her out of the hospital, although her divorced husband, who is her legal guardian, visits her and takes her shopping on weekends. Margaret has been a patient continuously for twenty years. Several previous attempts have been made to help her leave the hospital, but she refused to leave. Her attitude when asked to join the group was: "I would like to come to the group but you aren't going to put me out into one of those homes." When around other people, both in the group and out, this patient talked continuously in a low voice in a circumstantial manner whether or not anyone was listening to her. It did not make any difference to her if anyone else was talking. She has had ground parole for many years and has resided on an open ward.

Janet J is 62 years old and has been hospitalized continuously for over ten years. In the past she had been physically assaultive. At the time she joined the group her acting out was largely confined to swearing at people. She was a schoolteacher for twenty years before she was hospitalized. She resided on an open ward at the time she was included in the group. However, she had shuttled between an open and closed ward because of her disturbed spells during the previous two years. She was recruited to the group by Margaret. She is able to care for herself and would always dress in her best clothes for the meetings.

Gerryann W is a 48-year-old woman who looks nearer 65. She still

<sup>1</sup> David Freeman, "Rehabilitation of the Mentally Ill Aging," *Social Work*, Vol. 4, No. 4 (October 1959).



shows many paranoid ideas, such as believing that everything people do is to make things worse for her so they can laugh at her. Another disorder in her thinking is that she must always say the opposite of what she wants because she never gets what she asks for, but gets the opposite. In addition, her verbalizations are quite autistic. She has been hospitalized continuously for six years and has been on an open ward most of this time. When first considered for the group she was able to do some cleaning work on the ward.

Eleanor C is a 57-year-old woman who has suffered two cerebrovascular accidents, which have left her aphasic and unable to take total responsibility for herself. She is able to care for her personal appearance and can learn uncomplicated routine schedules. She has been hospitalized for ten years and has resided on an open ward most of this time. She has held a job for several years pouring milk in the employees' cafeteria. Talking to others was difficult for her when she began in the group.

Linda A is 41 and has been hospitalized for over ten years, with most of that time spent on a locked ward. She had been tried on work placement, but was only able to stay there one day before decompensating so badly that she had to be returned to the hospital. Superficially she gives the appearance of being fairly adequate, but at the time of beginning with the group could not cope with stress, even to the extent of deciding to buy something she wanted at the store.

All these patients had a relative available, but none was able or willing to care for the patients out of the hospital. Three patients had not left the grounds for many years. None of the patients had formed close relationships with any other patients, except Janet, who had a few friends. It was difficult for the patients to relate their thinking to anyone but themselves. The only tie between any of the group members before forming the group was between Margaret and Janet, and even this was a loose one.

### *Group Activities*

The patients were all interviewed individually about joining the group. Initially, they were told that the group was to help them begin planning to leave the hospital. It met twice a week for about an hour at each meeting. Once a month trips to neighboring communities were planned on a regular basis, with transportation provided by a volunteer worker who was regularly assigned to this group.

During the group meetings discussions were held and activities participated in by the members. All participation was focused toward breaking through each individual's isolation and helping them to establish emotional contact with each other, and toward developing group feelings. Activities were utilized particularly to raise the self-esteem of each member and to help them regain skills they had had before becoming ill. Knitting was the first activity tried. None of the members knew how to knit, and they thought they would like to learn. At this stage of the group, verbalization was difficult for them and knitting was an activity that could be individualized, yet could help pull the group together and stimulate discussion. However, most of the group found it a very difficult skill to learn. One of them actually did finish a scarf.

The other principal activity was cooking. This is an activity in which each individual could contribute to the whole. One person could mix up the dough, one cook, one set the table and clean up, and so on. In this way each person could feel she was valuable or needed by the others and that she was important to the group. Cooking was an activity which particularly revived old interests and skills. The items to be cooked were chosen by the group and usually short shopping excursions to the grocery store were made the meeting before, so that the ingredients could be bought. A variety of things were cooked, ranging from hamburgers to cream puffs.

The monthly trips to the community were designed particularly to re-establish contacts with life outside of the hospital. Since most of these patients had been hospitalized for over ten years, and few had been out on many visits during this time, a concept of the community needed to be established to help them feel more secure in leaving the protection and safety of the hospital. In the volunteer worker that took the group an additional opportunity was provided for the patients to have contact and talk with a person not connected with the hospital. Individuals overcame anxiety about going into stores, buying things, talking with salespersons, and mixing with larger groups of strange people. Most of these community trips included shopping at various nearby towns.

Another important aspect of these trips was the opportunity to eat in different restaurants and coffee shops. Ordering the food they wanted and eating it in public boosted self-esteem. The freedom to make their own decisions without being bound by hospital limitations built morale. Also, they always claimed the food tasted much better than that at the hospital.

*Other Staff*

Active co-ordination with other professional staff was essential to the success of this project. The caseworker was involved early with the group, visited several group meetings, and met with the group one time when the group worker was not able to meet with them. She helped in selecting members for the group and was present at the initial interview with prospective members. In this way she became familiar with the patients and was able to know them well. She also saw members individually to give added support for the move out of the hospital and to help them work out conflicts which they were not able to discuss in the group. During the actual leave process she was able to help a most reluctant patient to go, and was instrumental in relieving the anxiety that built up among the patients at that time.

The field worker was also actively involved fairly early. It was anticipated that it would not be easy to find a family care home in which four or five chronically ill patients could be placed. Since the field worker was the person who would be seeing the patients after they left the hospital, it was necessary for the relationship with the group to be well established before the patients left the familiar surroundings of the hospital. This relationship was another factor in strengthening the ability of the patients to remain in the home once they were placed. The field worker met with the group five or six times and was thus able to get to know the patients much better than by a written referral, and the patients became able to know and trust her. When difficulties arose in the licensing of a home which necessitated postponing their departure, she was able to come to the group and explain the reasons for the delay. This was particularly important in helping the group accept other delays without becoming unduly upset.

The relationship developed with the field worker facilitated the smooth transition of the patients from hospital to home with a minimum of anxiety.

The rehabilitation department of the hospital was also needed in planning for this group. Their cooking facilities were made available to the group and this department provided the supplies for knitting. The volunteer co-ordinator found the person to accompany and provide the transportation for the group on its trips. These services were essential in preparing the group to leave the hospital.

### *How the Group Developed*

When the group first began meeting, they were like a group of individuals coming together who had not known each other before, though all the patients had been together on the same ward for at least a year. The chairs were arranged in a circle around a small low table, but at least one patient—usually Margaret—would move her chair farther away from the others. Margaret would completely remove her chair from the circle, used a different type of chair from the others, and sat five to ten feet away from the rest of the group. When she was invited to join the group she said she preferred the straight-backed chair (in contrast to an armchair) farther away because it was then "more like an office." This was an allusion to the idea that she was more comfortable in an office type of setting in which she had previously worked. Being physically close to other people was too threatening to her at first to allow her to join the group more closely. She also maintained an emotional distance, although she drew closer to the group emotionally sooner than she did physically.

During the first two months the group members did not address any comments to each other specifically. All were directed to the worker or, in Margaret's case, to everyone and no one at the same time. Eleanor was almost completely silent during this time. When asked anything, her usual response was "I don't understand" or "I'm not good at talking."

Janet was also relatively silent. She became angry when asked any questions. There were several periods during the first four months when she became so upset that she was unable to attend the meetings, and it was doubtful whether she could continue with the placement plan.

In these early phases of the group Margaret, though she sat apart, talked continually in a loose, circumstantial manner. If someone else were talking she would speak more softly, and when she felt someone was listening to her, she talked louder. Attempts to point out to her that she was talking all the time and that it was difficult to understand two people at once had practically no effect.

Linda carried much of the discussion at this stage. She discussed the work placement she had been on for one day and much about her family life. She seemed much more reality-oriented than the rest of the group at first.

Gerryann talked quite a lot, but with no relation to what anyone

else was saying. She expressed many feelings of distrust about people by saying for example, "Do you throw a pole to a sinking person? I'll have to see it first." She felt everything was done to her on purpose to antagonize her, for the enjoyment of those torturing her.

After this initial phase, which included learning to knit, the group progressed to the point where they could do things together, even if they could not yet direct communications verbally to one other. Margaret began to bring coffee and newspapers to the group. One of the ways members began talking with each other was in discussion of articles in the newspaper. All of them except Eleanor were interested in what was going on in world affairs and were particularly interested in national and international news. The sharing of coffee was Margaret's way of accepting the group and wanting to be accepted by it. She was still maintaining physical distance, but was moving closer emotionally. She would mix the instant coffee, but would make it so strong nobody could drink it. Everyone would have to dilute the coffee in order to drink it, but the group did not mind, for they recognized Margaret's effort and desire to share with them and be a contributing group member. This and similar incidents contributed to the development of group cohesiveness.

During the middle stage in the development of the group, the cooking together was initiated. The group became involved in discussion about what to cook and how they would get the ingredients. Focus on this subject of common interest was another way of developing further bonds between the members and fostering more awareness of each other.

During this time the group was told that the plan was for them to be placed in a family care home together. Much discussion then centered around the meaning of family care and what it was like. Margaret and Janet both had money to pay for their care and made it very clear that they wanted to pay for their care themselves. Margaret continued to maintain that she would not go to one of those homes where "it's like a prison and you never get out." The field worker was now introduced to the group and explained her function in finding a home and further interpreted the family care program to them. A visit to a home was planned and the group was able to see an example of the things they had been discussing. Margaret still was not convinced that she wanted to leave the hospital.

The group looked forward to their trips to the community and made great movement in using them. Linda was unable to make the decision to buy something, even though she wanted to, for the

first four months. It was an accomplishment when she was able to make her first purchase. Gerryann was able to test out that things were available that she wanted in spite of her believing that this was impossible.

By the end of the middle stage of the group's development, seven months had passed. The members were aware of each other as individuals and had developed close attachment to the group. Many came early for meetings and showed interest in why another person was late. There was almost 100 percent attendance at all meetings; the attendance record itself shows the interest the individuals had in the group. They were also excited about the idea of leaving the hospital, although all, except perhaps Julia, had ambivalent feelings about it. Margaret was still refusing to go and saying, "I feel like I'm on the edge of a precipice and that someone is going to push me over."

At this time they were moved to a new ward in a mass transfer. This move raised many feelings in the group, both positive and negative. The move was to a newer area of the hospital, and those who had long been in the hospital did not like moving away from their old, familiar area. The routine on the new ward seemed much stricter to them. On the other hand, they enjoyed the "newness" of the ward. All except Linda were now given "off ward" industrial assignments. This improved each one's feelings of self-esteem greatly, and they were proud of the jobs to which they were assigned. They began to feel that people actually thought they were capable of accomplishing something.

At this time also, a home was found for the group and it was discussed with them. Just before final arrangements could be completed for placement, however, it was found that the home could not be licensed. This was, needless to say, a great disappointment to the group, which they were able to discuss freely.

After the first family care home was not licensed, another change was in store for the group. All but Linda were transferred to another ward, an open one, back in the older part of the hospital. This ward houses older women who are chronically ill and who have been in the hospital for a long time. This move was upsetting to the whole group. Linda verbalized feeling the loss of the group on her ward, even though she did not associate with the members much outside of the meetings. Gerryann wondered if this was something more done on purpose to upset them. Margaret was happier about the change since she had been on that ward years before and it was

familiar to her. However, this transfer at this particular time to some extent carried the implication that they would not get out of the hospital, since they had been moved to this other type of ward. The move also meant another change in doctors. Quite a few meetings subsequent to this move were spent on talking about the new ward and what the change meant. The group needed much support and reassurance that our plans were still the same and were going to be carried out.

### *Placement*

Several months after the last transfer, another prospective home was found and all arrangements were made for the group to be placed. Three days before the placement was to occur, the County Health Department held up the licensing because of some work to be done on the house. The group was very disappointed when they were told this. Janet became upset again and Gerryann talked more about not trusting things to happen and that these things were being done to them on purpose. However, with much support from the group worker, caseworker, and field worker the group members held themselves together for the next five weeks and were finally taken to the home.

The home that was found had only four vacancies. Upon consultation of field worker, caseworker, and group worker it was decided to choose Linda as the one to be placed in another home or, perhaps, leave under the care of her mother.

Margaret had maintained all along that she was not going, and had begged and pleaded with every staff person she could not to make her go. Other things that she said and did indicated, however, that she really did want to go. Occasionally she would imagine herself in the home by asking about things she would do while there. Also, she did not miss a single meeting. She knew the purpose of the group and was free not to attend if she chose, but she was always there. On the day she was actually taken to the home she stayed on the ward and was dressed up, although she probably could have hidden on the grounds. And, though verbally protesting that she was being kidnapped, she walked to the car willingly with her things.

Two of the members were placed on one day and two the next. The two who appeared to look forward the most to going to the home were taken the first day. This arrangement worked out well, for they were then able to welcome the other two and make them feel more



at home. The group worker and caseworker went to the home on the second day to help complete the transition between hospital and home. This visit helped the patients feel that the social workers were still interested in them and knew personally about the home in which they were placed.

The field worker plans to have those patients continue their group experience in a socialization group which a field group worker has in the area. By this means the patients can continue to extend their contacts with others and become less isolated.

### *Summary*

The values and application of the social group work method in a mental hospital are shown in the work with this group. Formed as a group, chronic long-term patients became able to give up isolation and refuge in an institution. Through the use of activities and discussion they were brought into an experience they had not known before, and finally into relationships strong enough to draw the most isolated member into full participation. Group identity had been achieved, and through it the group was able to pass its final test of leaving the hospital to live together in another place. Development of emotional relationships among patients which become a source of mutual support and allow for movement of the individual and the group is the unique contribution of social group work, as demonstrated by this instance. For this contribution, and in the possibilities of its varied applications, social group work may be regarded as a specific modality in treatment of the mentally ill.



## **Psychiatric patients learn a new way of life**

**DORTHEA M. LANE**

At the Neuropsychiatric Hospital of the Veterans Administration Center, in Los Angeles in 1958 the social workers became concerned about the poor social functioning of selected World War II veterans in family care. Since 1952, 150 psychiatric patients had been placed in "homes other than their own," and for the most part the men had initially improved in their relationship to the foster family and the local community. The 25 patients about whom this paper is written were chronically ill and quite regressed schizophrenic men who had been placed in family care from one to three years prior to the initiation of the group work project. They lived in a semirural area, a canyon village in Los Angeles County. Many of the canyon residents included patients in their family group. The men had good security in their placements as far as having "found a niche for themselves" was concerned. However, it was believed that their low level of socialization could be improved, for they had responded temporarily to itinerant services offered by Occupational Therapy and Educational Therapy. It was our conviction that the introduction of social group work on a sustained basis would help them become contributing members of the community.

A demonstration research project was therefore set up to test our hypothesis.<sup>1</sup> We hoped to help these individuals through especially planned group experiences to improve in their social relationships and functioning. Social group work had been used in hospitals and clinics with the mentally ill, and occasionally with discharged mental patients, but not with regressed patients already placed in family care.

<sup>1</sup> Sponsored by the Ida S. Latz Foundation, which was established to serve the rehabilitation needs of World War II veterans on a selected basis and stands ready to assist other groups in developing additional ways to help veteran patients remain out of psychiatric hospitals.

Toward this end a part-time social group worker was employed and met twice weekly with the group of men. Because the project was being carried out entirely with public funds, but sponsored by a foundation, it was possible to assign a caseworker and a group worker on the same case load. Consultant services were obtained in relation to the project program and the research. This paper reflects the first two years of the project.

### *The Group*

The men involved had received maximum hospital treatment, were inaccessible to individual therapy, and had not responded enough in the family care home to lend themselves to normal community living. Of the 25 men, 11 were in the project for more than a one-year period, so that they could be consistently evaluated. Nine of these were between the ages of 28 and 45; the other two 54 and 59, respectively. All but two had spent at least 20 percent of their lives in a psychiatric hospital. The two exceptions were 44 and 43 years old and had been in family care eight and three and a half years, respectively, so that they had lived in a protective setting for a long period. Ten men were single and one divorced. Their stay in family care ranged from less than one year to more than five, with 6 patients having been in placement over three years. Only one individual could show a substantial work history prior to military service, and none had been well enough to work since discharge from service. The length of time in service for this group varied from five months to sixty-seven, but 8 of the 11 had at least eighteen months' service. All had received a medical discharge and were service-connected for a psychiatric disability. The fact that all patients were receiving compensation for their psychiatric disabilities ultimately had some importance, for it gave them freedom to expand their activities beyond the group. Six had entered service at age 19 or under, 4 in their mid-twenties, and one at age 37.

As a group, these men had made a "good" adjustment in family care homes; they were no trouble to the sponsors, followed their directions, were very quiet—some actually withdrawn—but had no vital interests, hobbies, or goals. There was a static quality about them that made them predictable and easy to care for. The sponsors seemed satisfied with this level of achievement and expected no more. The activities provided for the patients in their homes were simple and unimaginative, consisting mainly of family gatherings in the home and rides or short trips with the sponsors.

*Program: Phase 1*

The first phase in the group work program was about eight months in length. During this time the social group worker met with the men twice a week for from two to four hours in the recreation room of a sponsor's home. The original meeting place was small and crowded, furnished with a few small tables and chairs, a large pool table, and a serving counter with a hot plate and storage places for craft equipment and dishes. Activity was mainly geared to preparation and serving of refreshments, simple crafts such as mosaics and painting, quiet games of pool, checkers, chess, and shuffleboard. Verbal communication was minimal. The group worker focused on developing a relationship with each individual, helping him participate in some activity and making use of each clue of his readiness to relate to another member of the group.

There was a long initial period of individual relationships between the social group worker and the men. But as the project report notes:

When a collection of individuals come to feel that they have common interests and concerns and that they know and accept each other, a group forms. The social worker's focus shifts accordingly from relating to each individual per se to using the group itself as a tool in strengthening relationships among the members and helping them to improve in their social functioning. By the end of the first six months approximately, the patients had some semblance of a group. They referred to each other by name, absences were missed, conversation was more frequent, activities were more complex and required more co-operation. . . .

In order to brew coffee and prepare lunch you have to decide as a group what you want to cook, work out a budget, walk to the store, use money in making the purchase, and talk with the shopkeeper. When you make a pot of coffee, you have to get the hot plate going, gather cups, check on cream and sugar, and ask the worker and the other patients if they take it "black, or with sugar."

When you're playing checkers and you think the social worker's cheating, you have to care enough to make an issue of it. You have to call the social worker by name and gather up considerable courage to take her to task for her improper moves.

When you make overtures of friendship to another patient, you have to want a relationship with another human being. You have to remember his name, where he lives, and what he likes to do, before you can muster up courage to talk to him.

When you work with three other men on greasing a bike and repairing its tires, you have to want to do the job, and do it together. You have to recognize your own abilities as well as those of the other three men, and when parts are needed, you have to

be willing to go—just you and another patient—to Newhall, and use your own money to purchase them. . . .

*August and September 1958.* There is nothing dramatic about the type of activities we've engaged in as a group. We've brewed coffee together; prepared lunches and snacks; called on absent patients; ordered food at a local restaurant; gone swimming; walked; shopped; chatted with the neighbors; visited the library and park in the nearby community and tested their program and facilities; worked in mosaics and leather; pitched and batted a softball; played checkers and chess; worked together repairing the tires on a bicycle, and yes, even "shot some pool." The real excitement is not inherent in the activity itself, but rather in the demands these activities have made on the patients, and the patients' responses to these demands.

Through their participation in activities and in making decisions, through talking and listening, the men were testing themselves in the group. The group was providing a safe and supportive environment in which they could dare to test out their feelings, ideas, and skills. They were developing an image of themselves and of other people around them.

#### *Program: Phase 2*

During the second phase of approximately ten months the group really came together, the men becoming aware of each other as friends, greeting one another by name, and actually helping each other. For the first time they felt free to go to a restaurant for lunch, to a baseball game, to the theater and the local swimming pool. The mobile library came to them. Shopping for materials was a joint project with the social group worker. There was more group cohesion; projects were designed to involve several men simultaneously; interaction produced some altercations and "blow-ups," despite which the men established relationships with each other that carried over in their homes. At this point they were concerned with each other rather than with the relationship with the social group worker. There was no interpretation to the proprietor of the restaurant, the cast of the little theater group with whom they visited, the owner of the pool, or shopkeepers—these people all accepted the men as they would other customers. Although the patients' behavior was not bizarre or remarkable, there were incidents such as nonpayment of bills and apparent loitering which necessitated their being accompanied by the worker. From the project report:

For men who've been hospitalized for as many as ten or twelve years, and who have lived side by side in a rural community

without even nodding to one another, this is "going some!" We've moved from a group of silent men to a group where kidding is accepted, where absentees are missed and referred to by name, and where a patient will drive, on his own, to pick up another patient.

In speaking of the men's progress, the group worker recorded, for example:

A, one patient who had been silent for months and whose first words in the group were to remind the worker that she was on company time and should therefore drive him home, now talks coherently.

P, a lobotomized patient, has made relationships with group members and in the canyon community. He plays volleyball with a church group, fishes with a neighbor, chats with youngsters and an elderly couple down the road.

J, who for years has never put as many as two words together, has suddenly come alive. He talks in sentences, bakes and serves cake to the group, has gone into town to make purchases, has become interested in stamp collecting, and even went to Newhall to see a movie.

### *Program: Phase 3*

The third phase, after eighteen months, developed when the meeting place changed to a public park where there were a variety of facilities. This was necessary because the men had become interested in activity that required space and large equipment; they were more vigorous in their activities. By this time they were known in the community and were comfortable in their use of both commercial and public facilities. The project staff—caseworker, group worker, and casework supervisor—had become part of the county co-ordinating council and were accepted as responsible people; permission to use the new county recreation building was thus endorsed by local county administration. On their recommendation, county staff members granted permission to use resources of the county recreation department. These include a meeting room, cooking facilities, swimming pool, outdoor ball fields, and various recreational activities. The men took on more masculine tasks. These included the building of toys, the construction of outdoor play equipment; repair and repainting of tricycles, bicycles, and wagons; the designing and building of a trailer. All these tasks involved numerous other activities. The men needed to consider what tools, hardware, paints, and other supplies were necessary to complete a job. They now did the shopping and plan for activities between the group meetings. There was

more complicated craft activity—increased skill was necessary in working with leather, metal, and wood.

This period was marked by independent recreational plans. Two of the men had acquired cars and drove others to movies, their own homes, adult education classes, and to an occasional local dance—all without the actual presence of the social group worker.

Toward the end of two years the focus of the social group work shifted. There was more individual development of skills through which the men were able to take pride and satisfaction in their accomplishments. There was a vital group life with the usual friendships and animosities of a "normal group." The men looked for understanding and interpretation of their own behavior as well as reactions of other patients to the situations that grow out of group life. There was informal discussion of blow-ups, arguments, and dependency as the social group worker recognized the group's readiness for her interpretations. They became open and focused enough to ask a direct question about reasons for their behavior. For instance the social group worker encouraged one patient to add a mosaic handle to a piece of woodwork, at which point he exploded, talking about things unrelated to the incident. Another patient commented, "Your personality isn't working today, Mrs. S." The worker interpreted that Don had a right to react because he felt he was being unduly pushed. Don seemed relieved to know that this was understood, and the group acquired some knowledge of their own reactions.

As new men joined the group at intervals, the old-timers extended a real helping hand to them in getting into both group and community activities. The men take responsibility for one another between meetings. They now use other park facilities, such as dances, the swimming pool, and the game rooms.

*June 1959.* Our group is escaping the Saugus heat by way of such community resources as Ace Cain's, River's End, and the Newhall Playground. We've been swimming, practicing baseball, and looking forward to the Dodger-Chicago game on the 22nd!

The men seem much more relaxed in the community now. It's amazing that with their increased ease in public come some minor difficulties for the group worker—for example, interpreting to a waitress one patient's penchant for going off without paying his bill, and tracking down another man who wandered away from the group during a baseball practice session.

On the whole, however, outings have been good experiences for the men. They've had an opportunity to talk with children in the park (Tuesday we played four innings against a Little League group of eight-year-olds), and to help them learn to swim.

They've also learned to use county park facilities and work with county park staff. It seems to me that they are ready now for that Dodger game.

*August 1959.* This summer has been a real vacation period! We've explored many of the community's resources, been swimming weekly as a group, and individually most of the men have had vacations of their own.

Three of the patients (two of whom are in our group) arranged for a five-day unsupervised trip to Big Bear. They drove up, cooked, fished, canoed, and returned "intact" and delighted with themselves. By next summer, I'm certain that we'll witness a mass migration out of Mint Canyon to Big Bear.

There's much quiet talk now of plans for the fall—returning to school, the possibility of part-time work, and for one patient, discharge. The men seem to have hope for themselves.

### *A Few Examples*

Let us see now what happened to these men, some of whom have already been mentioned.

Joe was an almost silent, compliant man who took care of his personal needs and did a few chores in the home. He is now an alert, winsome individual, skilled in mechanics and in helping new group members. He designed and built a toy cement-mixer that works and is used in valley nursery schools. He drives his own car and helps transport others to meetings.

P, the lobotomized patient, had been conforming, but irresponsible and socially inept. Although we expected little change in him, we were surprised: he used the group as a learning experience in getting along with others, assuming responsibility and actually becoming "host" for the group. He is well known to all the community. People have developed a real fondness for him. He takes classes in adult education and has made good friends there.

J had seemed to live in a dream world—almost catatonic—with no interest in others or, apparently, himself. He is now the chief baker of the group and takes pride in this. He has made friends and attends community activities with them, is well groomed, and converses adequately even in French!

Alfred, another successful case, had previously been in family care and was placed in this community again after a period of hospitalization for physical reasons. He was somewhat withdrawn, highly intelligent, with artistic talent, but had minimum relationships with others. His progress has been so rapid that he has been discharged, works in the family care home on real maintenance jobs, has secured



his driver's license, bought a car, and transports patients to the group and to school.

These gains did not just happen. The social group worker facilitated them through the nature of her relationship with the men, through the way in which she fostered relationships among the members, through her ability to assess a man's potential for further movement at a given time, through developing a therapeutic group milieu that provides support and encouragement to the members, through the selection of activities and the use of resources in the community. The group worker facilitated the movement further through the way in which she helped the members to make their own decisions, take responsibility for their own behavior, and move toward the solution of one small problem at a time, within their readiness and capacity to do so.

#### *Research Findings in Brief*

Every veteran in the group of 11 improved in three or more areas of adjustment; 8 of the 14 short-term participants also showed improvement. As a group, these men moved from being socially isolated to being involved in relationships of a satisfying nature within both the group and the neighborhood. From very simple activities they have progressed to repairing nursery school toys, attending adult education classes, and driving their own cars, for example. They are now really contributing to society rather than "feeding" on the fringes. The people in the community know them, look to them for help, and plan joint recreational and service projects.<sup>2</sup>

From our research findings we are convinced that regressed schizophrenic patients can improve with consistent social group work service. These men without exception are potentially productive rather than dependent members of society.

They have developed individual recreational interests that continue in their homes. They have made friends within the group and are mutually helpful. They have learned how to relate to shopkeepers, businessmen, and neighbors in their local communities, so that rather than being isolated they are in the stream of community life.

All the men are engaged in service to the community, such as repairs to equipment and to the houses where they live, and recondi-

<sup>2</sup> The author is indebted to Helen Northen, Ph.D., professor, School of Social Welfare, University of Southern California, who was consultant and wrote the definitive research findings in the full report, and to Gladys Singerman, M.S.W., the social group worker mentioned in this paper.



tioning of toys used in co-operative nursery schools, giving them a feeling of real worth.

They have learned that adult education classes, the public libraries, and parks have something to offer. They have become aware that people they meet in these facilities have problems, too.

Some of the men have part-time paying jobs; others are slowly preparing to assume this responsibility.

Four now have cars and bona fide driver's licenses. The repair of these and other cars demonstrates the men's real ability in mechanics, which is most remarkable.

A very practical note: not only is there a regular flow of money for room and board into the community coffers, but the increased expenditure for craft materials, clothing, recreation, and automobiles is a sizable amount since the men have become more active.

#### *Organization and Administration of the Project*

The research aspects of the project were planned by the consultant and the writer with the supervisor and the chief social worker at the center as resource people and judges of change in patients' behavior. Ratings were made on the basis of recordings by the group worker, caseworker, and sponsors. The connection with the local co-ordinating council was established by the group worker and the caseworker as the project developed.

The writer's connection with the project was of an administrative nature, and also liaison with hospital medical staff and the foundation. There were times when one would have been glad to be an octopus in order to hold together the various parts of the project. These included the casework project regarding individual adjustment in the family care home, the social group work program, the research component, and interpretation to the chief of social service, the hospital medical director, and the research committee of the VA—all at a local level, but with reports to the national level as well. There was also continuing interpretation to the family care sponsors as well as to the director and board of the Ida Latz Foundation.

Co-ordination with the foundation was achieved through monthly progress reports of the social group worker. These led to occasional discussions at their board meetings, attendance of the group at a ball game as guests of the foundation, and a visit to the group. Their interest, questions, and occasional suggestions were most supportive.

Orientation of the social group worker to the hospital treatment program, particularly on those wards from which patients in the

group came, included medical staff meetings, visits to occupational and manual arts therapy shops and art clinic, social work staff meetings, and joining in consultation sessions regarding group therapy.

The social group worker and the caseworker were both directly responsible to the social work supervisor of the family care program. Their recordings went into the same hospital clinical records for each patient. The core of the program was the close collaboration between the social group worker and the caseworker, who met bimonthly to discuss the patients' progress and problems.

This collaboration between the social group worker and the caseworker merits further remark. It was important for the group worker to know the role each patient played in relation to other patients in the same home, to the sponsors in the home, and to his own family. As the caseworker made home visits he had individual interviews with patients as well as sponsors. He would occasionally see the patient's family. In the conference with the group worker he was able to bring her up to date on problem areas for each patient as well as the level of socialization each was achieving as seen in the family care home. In turn, the social group worker would comment on the degree of responsibility patients took for group participation, any special interest that had come to light that might be carried on in the family care home, and any particular connections patients established with each other. No matter how much patients improved within the group, unless this could be carried over outside it was of no value.

### *Conclusions*

Social group work, as a method of facilitating the development of more meaningful relationships, proved to be a useful tool in treatment of these men. The creation of a therapeutic milieu, the assessment of each man's potential for further movement at a given time, the selection of activities, and the use of community resources, together with support and encouragement, facilitated a healthy reintegration into community life.

We believe that the idea of social group work activity for any patients who have left a mental hospital, providing it is geared to their level of socialization, will improve their general contribution as members of the community. We are considering starting groups in urban areas since our experiment in a semirural section. We hope for co-operation with the county recreation program and the State Mental Hygiene Department concerned with posthospital care of psychiatric patients.

## **Group living: a unique feature in residential treatment**

**HENRY W. MAIER**

*Children and youth who live in residential settings need the very same things all young people need, plus help with the problems that bring them to the institutions.*

With this statement as our common platform, this paper will first call attention to the essential features of group living. Then an attempt will be made to translate the implications of such understanding into direct application in a residential care and treatment program.

*Group living* refers to the everyday experience each individual faces while he shares the routines of daily life within a group, namely, awakening, waiting, eating, division of labor, and above all, reflection upon outward life experiences.<sup>1</sup> The essential flow of his daily life is both stimulated and stabilized by his interpersonal relationships in the group within which he lives. Group living must be conceived as parallel to *family living*; both constitute a group experience. Since group living replaces family living for individuals temporarily or permanently committed to institutions, it becomes essential that we acquaint ourselves with the pertinent ingredients of this mode of life.

### *Commonness Between Group Living and Family Living*

Group living shares three essential features with family living. First and foremost, like family living it provides a "home base" with a constellation of central persons—the living group with its key care per-

<sup>1</sup> These include such simple situations as seeing something of interest, or any personal encounter—even any mere conversation.

sonnel, the houseparents. All children and most adults require a basic living unit. They need a group to which they belong and which, in turn, recognizes them as members until they themselves can move on to a new unit of membership. Note that group living and family living involve both membership in a basic societal unit and membership experience of "belongingness" in a group. Both factors are essential, lest the individual belong nowhere and be apt to face what is inherently a Skid Row existence.

Second, group living and family living alike gain in significance in direct proportion to the degree of anchorage provided for either one in the immediate community. Both forms of living require an intimate tie with the community in which they are found in order to lend security and meaning to their group members and to serve as an effective steppingstone for growth beyond the confines of the home base.

Third, group living as much as family living has to provide a safety zone for practice with interpersonal relationships, new skills, and new ideas. It is in the intimate association of everyday living that individuals find demands and opportunities for new or different forms of identification. It is within the safe harbor of the family or its alternate, the living group, that new forms of behavior are tentatively tried on for size, while old and new values are tested. It provides a place where it is safe to be oneself; here one can let go. It is relatively safe to experience one's own feelings. Simultaneously, it provides opportunities for freely bolstering one's trust and independence. Interestingly enough, we frequently refer to some adolescents as "living" on the street corner or with their gang, thus recognizing that these adolescents create their own safety zones for experimentation in the absence of such zones within a family or a group home.

#### *Differences Between Group Living and Family Living*

From another angle, group living constitutes a situation decidedly different from family living. First, unlike family living it has no single, continuous, unifying cultural history for the members involved. Its quality is primarily determined by the immediate existing group structure, group processes, and group properties such as membership composition, ongoing interpersonal relationships, and the over-all socioemotional climate of the group. In other words, in the absence of a substantial common past and an extended joint future history,

group living is essentially shaped by those group factors that decide the history of any group, notably the ongoing group members' interactions, their joint history in problem-solving, and their immediate effectiveness in contributing to each other's individual growth and mutual interdependence. It is reasonable to suggest, therefore, that group living is not institutionalized living but a group in operation.

This is not to imply that the phenomena just mentioned are not relevant in a family group, but merely to make clear that, in the absence of a joint history and mutually established family-centered expectations, they become even more important.

Second, group living (in contrast to family living) depends equally upon both the common elements and the diversity of the individual demands of group members. It depends upon conceptualization of the group members as *peers* with the inclusion of some central adults. Family living, by contrast, may be thought of as a system of interpersonal relationships of *central adults* interlocked with interpersonal relationships of a system of *peers* (children).

Finally, group living—and in this it is quite different from family living—is inward-directed. It can be carried on, therefore, within reference systems different from those demanded of family living with its necessarily outward-directed orientation. Group members can afford themselves a temporary leave from conventional controls, as well as time out from past and future family commitments. Group living, as its most vital and differentiating component, can permit its group members to lapse into behavior patterns and attitudes which ordinary age, sex, community, and societal expectations would not tolerate. Group living, therefore, can provide appropriate life experiences within manageable situations. It can grant a "leave of absence" rather than invite a truancy from life.<sup>2</sup>

To recapitulate, thus far we have established that group living as a central component of a residential treatment program sets up an essential societal unit within a wider community—the institution as a whole *and* the community within which it is located. Group living constitutes a primary life experience. In it, as opposed to ordinary group membership, the joint group experience relates to and revolves essentially around the routines and variations of everyday social living. It is noteworthy that, in contrast to ordinary membership in social groups or organizations, an individual can neither safely leave

<sup>2</sup> The expression "truancy from life" is taken from Bruno Bettelheim's most descriptive title of his book on a different but related subject: *Truants from Life* (Glencoe, Ill.: The Free Press, 1955).

nor be threatened with exclusion from family or group living unless he has another adequate living situation available to him. Otherwise, he will be forced to drift anchorless in our contemporary society.

So far no mention has been made of food, shelter, nursing, and medical care, or of social casework, education, and vocational training. These are all essential to help children with the problems that have brought them to the institution. Yet these services are also obtainable through family living. Therefore, our discussion limits itself to group living—the specific care and treatment component that differentiates a residential group service from services available on an outpatient basis.

### *Application in Practice*

Group living has been defined above as a "home base" and "safety zone" for individuals uprooted from and in want of family living. Such an understanding suggests that a group living unit of roughly eight group members,<sup>3</sup> rather than the total institutional setting, constitutes the functional unit of a residential treatment program. Such a home base can only become real for an individual such as an uprooted girl if she experiences a tangible assurance that she has a place which is undeniably hers, namely, her private corner—her bed and her personal place for her belongings—and a joint living space for herself and her peers as well as the caring adults of her living group.<sup>4</sup> Needless to say, the novel experience of being welcome and having an undisputed corner of one's own can best be conveyed to the girls by assuring them of freedom to arrange the furniture, decorations, and selected phases of their lives according to their immediate liking.

The physical and social arrangements of the living group must guarantee to the girls both privacy and a sharing of the give-and-take of everyday life. This requires versatile use of all existing space. Bedrooms can be sanctuaries for rest and privacy as well as for protected social gatherings. Limits and rules are essential. Rules are there to protect; they must be related directly to the girls' situation rather than existing as a heritage from previous situations. They should

<sup>3</sup> A slightly larger group is advisable only if the group members can continue to relate readily to each other within it. Otherwise the larger unit becomes merely an administrative unit, with considerable denial of the inherent prerequisites for a group living situation.

<sup>4</sup> The material presented here can be applied equally to a program serving boys, girls, or both sexes. This paper will refer only to girls, since it was written for delivery to a meeting sponsored by the Florence Crittenton Homes Association.

be created to invite, to allow, and to protect the present group's living arrangements.<sup>5</sup> It is within the living group that new tasks and daily routines, use of free time and common concerns, are encountered and an attempt made to solve them. Here the girls can find the previously cited safety zones for exploring their own and others' feelings, while developing new skills and ideas in interpersonal relationships and self-concepts.

Group living "centeredness" usually requires no rebuilding of existing facilities, but rather viewing and programing for the client first as a member of a living group, and second as an inhabitant of the institutional setting. In support of such a premise we can cite our experience with, and studies of, successful cases. In each instance, clients have been helped successfully within the context of a societal situation of a group of selected peers and significant adults who, in turn, were integrated into the over-all network of the institutional service program.<sup>6</sup>

Intense group living undoubtedly leads to many problems. These very problems, however, represent live replicas of some of the difficulties that have brought these clients to the institution in the first place, and can therefore serve as starting points for a corrective living experience.

### *The Key Adult*

Group living, like family living, depends upon "built-in" key adults as instrumental partners in creating the essential support and guidance for a successful life experience. In our institutional programs the houseparent serves and must be programed as the central caring person in the lives of the girls in the institution. Her role requires experiencing with the girls in everyday life situations their uncertainties and their hopes, their strength and their inadequacies, their chance to try differently or to give up before trying anew. It is the housemother in the group living situation who can help a girl to share and to experience her concerns with others in the group, and can help

<sup>5</sup> Note the intentional reference here to "living" rather than to house or institutional arrangements.

<sup>6</sup> See Bruno Bettelheim, *Love Is Not Enough* (Glencoe, Ill.: The Free Press, 1950); Howard Jones, *Reluctant Rebels* (New York: Association Press, 1960); Maxwell Jones, *The Therapeutic Community* (New York: Basic Books, 1953); Ruth Lehrer, "Bellefaire Research Project," Bellefaire, Cleveland, Ohio, 1952 (mimeographed); Aileen D. Overton, "Elements Required in a Balanced Program for Unmarried Mothers." Paper presented at the National Conference of Social Welfare, Atlantic City, New Jersey, May 1954. (Mimeographed.)



all members to grope for different and more promising alternatives. In this way the housemother conveys that she *cares*, and that within the context of their immediate living situation they can start to work toward new solutions.<sup>7</sup>

A housemother can be of real help to each group of girls if she herself feels competent and assured of her central position in the girls' lives. She *is* and must feel in charge. Nursing, medical, and social casework services are important but need to remain auxiliary services in the group living situation. For example, the social casework staff continues to be instrumental in working with their clients on plans beyond their institutional stay and in dealing with their client's immediate experiences within the institution as they relate to the girls' past and future. Discussion, planning, and reflection about everyday life experience and events fall within the prerogative of the caring adult, the housemother.

Such understanding on the one hand provides opportunities for dealing with the girls' dependency needs in concrete life situations. Ego strength, including co-operative acceptance of medical requirements, may be tested and bolstered in the sanctity of a caseworker's office; but ego strength does not become a personal acquisition until tried and successfully applied in the sphere of everyday living, preferably in the presence of contemporaries. On the other hand, placing the houseparent and her living group in the center of the institutional treatment program demands that the selection of care staff, their salary scale, and their hierarchical position truly reflect such understanding. Perhaps we should ask ourselves one probing question: How often do we seek our facts from other sources rather than attempt to obtain them from our caring staff? They are the persons who witness and experience the girls' case histories, not on tape but in "living color."

Furthermore, if care personnel are employed as the potential models for identification, we need to answer the following questions to our fullest satisfaction: Are they really likable and desirable models? Are they willing and able to give themselves a chance to be emotionally and socially available to the girls? Can they readily accept and share the interests, the noise, the worries and joys of young people (such as teen-agers), and frequently of "just young kids"? Can they face up to straight, simple, or rather unorthodox questions about sex,

<sup>7</sup> Vivid illustrative examples of the housemother's work with her group of girls are highlighted in the chapter, "Social Group Work in Institutions for Unmarried Mothers," in Gisela Konopka's *Group Work in the Institution* (New York: Whiteside, Inc., 1954).



motherhood, and marriage? What are these staff members' attitudes and behavior toward men? Finally, is the institutional program as a whole prepared to employ men who carry out as part of their *work* responsibilities frequent visits and small talk with the girls and staff in the living areas? To illustrate, are we ready to allow our gardener and handyman, as a part of his assignment, to visit and to chat with the girls, to plan and to counsel over needed repairs, changes, or other work within their living space? All these questions hint at essential ingredients of group living.

### *Social Climate*

Earlier it was stated that the quality of group living, equally with other forms of group experience, depends directly upon the social climate which surrounds it. Briefly, if emotional honesty and facing problems squarely constitute essential themes of group living, this same attitudinal climate has to be reflected in the staff's problem-solving approach. To cite a few examples: the opening of personal mail, the rearranging of girls' sleeping arrangements as a means of by-passing problems, the exercise of impersonal authority as expressed in "We [the institution] decided it," and so forth, are inconsistent with this expectation.<sup>8</sup>

Furthermore, the care staff serves as a potential vital link with the community. Their sharing of their ordinary experiences with the community brings communal life to the girls and provides them with opportunities for identifying with persons who have roots in community life. Moreover, efforts need to be directed toward maintaining close contacts between the girls and their previous or prospective neighborhoods as well as fostering all possible opportunities for temporary bonds with the immediate community and easy opportunities for phone calls, visits to and from friends (including boy friends), as well as frequent walks, shopping trips, and, it is to be hoped, casual contacts with neighbors of the institution. All these efforts are directed toward re-establishing a sense of belonging and developing the ability to live effectively in old or new surroundings.

<sup>8</sup> The following publications deal more explicitly with the subject of a single attitudinal climate: Jules Henry, "The Culture of Interpersonal Relations in a Therapeutic Institution for Emotionally Disturbed Children," *American Journal of Orthopsychiatry*, Vol. 27, No. 4 (October 1957), pp. 725-734, and Henry W. Maier, "Components of Child-Care in Residential Treatment Efforts." Paper presented at the annual meeting of the American Orthopsychiatric Association, Chicago, 1960.

A "leave of absence," as a period of relief from immediate appropriate commitments of age and sex has been listed as a major feature of residential group living. Selective permissiveness on the part of the institution points on the one hand to foregoing temporarily a range of social expectations for each unit of girls, while on the other it implies the creation of new standards.<sup>9</sup> This understanding serves to create an atmosphere of tolerance in "letting go," either in the form of tears, verbal outbursts, or—temporarily—in personal care at seemingly inappropriate moments; that is, when others would not expect and most likely not tolerate such behavior from a seemingly adult or near-adult individual. At the same time new expectations set a different floor for behavior for such girls. For example, there might be an understanding that at mealtime experiences which can lead to any weakening of self-control will not be tolerated. Or, inversely, it might be conveyed to the girls that it is perfectly all right to let themselves go—but that eventually they will have to share their feelings and thoughts with the appropriate helping personnel: the housemother, the caseworker, the nurse, or whoever is the first person they feel ready to talk to, and ultimately the persons within whose province the particular problems fall.

Most important, viewing the group living units as functional units of the residential treatment program permits the staff to establish expectations according to the immediate requirements of the girls involved. For example, in one home for unmarried mothers a special phone booth served as the girls' private phone. Calls were limited in frequency, length, and time of day by long-established house rules. This protective rule served to forestall many complications. Yet in evaluating the potential complications a unit of girls, with the support of their guiding adults, decided to try to use the phone under their own regulation in such a way that it would not interfere with their commitments, others' activities in the house, or other demands for the phone. The girls' own control of their actions had the desired effects of the previous blanket house rules, yet more appropriately. Just as with the previous rules these new commitments needed constant discussion and group and adult control to remain effective. Neither printed house rules nor mutually agreed-upon controls carry the magic of automatic adherence. However, the latter, by involving the girls' own learning process in problem-solving, proved more satisfactory and beneficial to the girls.

\* Note that this implies differential ranges of permissiveness for each particular living group (unit) within the institution.

This illustrative material suggests pointedly that necessary rules and desired standards can be developed and changed with the girls' growth and progressive movement toward their return to life in the open community. Again, the focus is to work with the girls as a group in their immediate living situation. This demands the girls' involvement and participation. Their caring adults, with possibly a social group worker as their consultant,<sup>10</sup> are the ones who will work closely with these girls in finding ways to meet expectations or discover alternatives for achieving the same purpose. The caring adult represents both the guardian of the established group living rules and expectations and the guide who helps these girls to make the goals of these rules acceptable and attainable within the context of the group living situation.

### Summary

In conclusion: all aspects of residential care and treatment *but one* can be obtained through other social, medical, educational, and nursing services within the community. Group living constitutes the most unique feature of a residential care and treatment program. Therefore, group living can be visualized in the center in the formulation of a residential treatment program. A client comes to a specific group living unit, a small group of peers within the institutional program. These peers with the help of their guiding and controlling caring adult, the housemother, need to experience this group as their home base within a social setting, namely, the institution within its neighborhood. In their continuous association, and sharing the routines of everyday living, these clients are helped *and* help each other to acquire changed and more adequate ways of dealing with the demands of everyday life. Much of the client's corrective life experience is facilitated by the fact that residential group living as a form of treatment (or therapeutic situation) proceeds on the basis of both the client's immediate needs and her potential future. Group living allows the introduction of life experience therapeutically advisable for the client and socially tolerable for the community at large. If effectively utilized, it carries much promise for playing an instrumental part in altering the underlying individual problems that bring our clients to the institution.

<sup>10</sup> See Konopka, *op. cit.*, and Ruth Middleman, "Social Group Work in a Maternity Home," *Child Welfare*, Vol. 38, No. 2 (February 1959), pp. 13-18.

## **Residential camping services for older adults**

**LILLIAN MARGOLIN**

The decades since World War II have witnessed wondrous, almost unbelievable advances in science and technology. Increased medical knowledge and skills are enabling individuals to live out their biblical three-score years and ten and in many instances beyond this allotted time. Each day brings us closer to victory over diseases which were once considered unconquerable. As a result, we now have more than 16 million citizens over 65 years of age, and this number is increasing annually.

Few societies have learned how to utilize the energies and experiences of its aging members. Today, surveying the world scene, we find one Schweitzer, one Nehru, one Grandma Moses, one Picasso, one Robert Frost. It is possible to name a few others, but so few that they remain unique. Yet for every one of these there are thousands, indeed millions, of older persons sitting silently or querulously in homes for the aging or in lonely, isolated apartments. The waste of human potential is appalling, but it will go on until the individual is seen in his entirety as a living, growing, developing organism that can be cultivated and tapped until the day of its death.

Accepting this concept of life as a continuous and dynamic process, it is still necessary for those of us who work with older persons to define some of the physical, emotional, and psychological characteristics of the aging. However, in such defining and delineation we must be careful to avoid the error of evoking stereotyped images. We must remember that we live in a time of rapid and qualitative changes. What is "true" today is true for today; tomorrow may bring new knowledge and insight, and we must be prepared to extend our dimensions of understanding and the direction of our work.

In a report presented at the 1961 White House Conference on Aging, the basic problems of the aging were set forth as follows:

Older persons for the most part have the capacity to lead independent and useful lives, enriched by a lifetime of experience; but as a group, they encounter very great obstacles to the satisfactions of these needs: sharply reduced income, ill health, physical handicaps, loss of friends and family, unsuitable living arrangements, loneliness and isolation from community affairs.<sup>1</sup>

Obviously the adaptations that the aging have to make to new life situations call upon all the resourcefulness, strength, and ingenuity that human beings have at their disposal. Old fears are reawakened, new ones appear for the first time.

Some of these fears are rooted in unsatisfactory and neurotic life adjustments of earlier years, some derive from the superstitions and bigotry of our cultural heritage, and some are based on the painful realities of the present. Some cut across all socioeconomic and ethnic groupings, while others are specific to the lower- and middle-income groupings with which we as a profession are primarily concerned. All women fear growing old because they will not be attractive physically and will no longer be able to bear children. All men fear the loss of their physical capacity to work and to perform sexually. All men and women fear the onset of the deteriorative illnesses which may result in physical infirmities and consequent dependency. The loss of earning power and economic insecurity are fears that beset those of a particular income grouping.

One of the major problems faced by older persons is the use of "free" time. Most people have led active and busy lives. Few have planned for the realities of the later years—retirement, loss of family responsibilities, or the loneliness that follows the death of a spouse or close friends. The sudden confrontation of one or more of these situations demands tremendous accommodation and often results in breakdown, apathy, and serious physical and emotional disorders.

The existence of a large group of aged persons and the anticipation of its continued growth has given it political potency and our society has been forced to move in the direction of providing areas of security and gratification for its senior citizens, beginning with the basic human needs for shelter, clothing, food, and medical care, and with gradual implementation of our knowledge that human beings need more than these essentials to live fully and productively. Efforts are being directed toward eliminating discrimination in employment of

<sup>1</sup> *Background Paper on Social Services for the Aging*, for 1961 White House Conference on Aging, (Washington, D. C.; March 1960), p. 1.

the aging, using older citizens in volunteer organizations, and involving them in the political and social framework of communities.

In medicine, psychiatry, education, and sociology we have progressed from an initial recognition of the need for services to a deeper understanding of this phase of life. The whole field of social work is in the process of expanding its interest and services in geriatrics and scrutinizing its methods of work with the aging. The large number of sessions at the National Conference on Social Welfare devoted to various aspects of services to the aging is one indication of this trend. The Aspen Conference on Social Work Education for Better Services to the Aging held in September 1958 was another. The National Council on Aging's institute on casework with the aging and the seminar on social group work with the aging at Lake Mohonk in June 1961, are others.

In these explorations, research, and considerations we have come to know some of the basic needs and interests of aging persons, which can be summed up broadly as follows:

1. Life is precious to the old. They want to live as long as possible.
2. Continuing growth and development are not only a possibility but a realistic potential and probability for older people.
3. In the later years there is a decline of physical energies and a deterioration of physical function. There is a need for rest from tedious tasks and for protection from exposure to physical hazards.
4. There is a need to remain active participants in group affairs— isolation, idleness, and indifference are intolerable.
5. There is a need to safeguard or even strengthen any prerogatives acquired, such as skills, possessions, rights, authority, and prestige. The aged want to hold on to what they have.

This basic knowledge has implications for practice in social group work with the aging generally, and specifically in a camp setting in the following ways:

1. As a profession, we have an obligation to give leadership to the development of services to older persons. To accept the inevitability of their deterioration would mean a significant loss to our society and is an affront to our commitment to the needs of people.
2. Facilities generally, and camp facilities specifically, must recognize the necessity of providing "creature comforts" respectful of physical and psychological needs and sensitive to the impact of the aesthetic on morale, self-image, and personal dignity.
3. A facility even with ample creature comforts and aesthetic concern is not mindful of our knowledge if it perpetuates isolation and creates an island of the aging.

4. Program must reflect our understanding that older people have a potential for personal growth and development, a continuing capacity to learn. It should recognize, respect, and encourage the utilization of experience, skill, ability, and knowledge derived from the reality of living. It must protect, proclaim, and maintain the adulthood and dignity of the aged.

5. Our practice in these respects must include our understanding of the sociocultural background of the aged person and the resultant class attitudes toward leisure, family, work, self, children, and so on.

Let us examine how these implications for practice are implemented in the camp setting, using the writer's agency to illustrate.

Wel-Met is a nonprofit community camping service affiliated with the National Jewish Welfare Board. During the summer we serve three thousand school-age and teen-age campers from the New York City area, at three camp sites. In 1957, when a property adjacent to the camp became available, the board and staff decided to extend its horizons and include camping for the aging in the agency's services. This decision was based on the recognition that many older people are isolated and lonely, that their mobility is diminished, and that opportunities for change in daily routines are sharply limited. The board and staff saw the camp setting as one that could be particularly helpful in contributing toward the emotional, physical, intellectual, and cultural needs of this developmental stage of life.

At the Silver Lake Division, our camp for senior citizens, we serve 37 older adults for two- or three-week periods during the regular camp season from the end of June through the beginning of September. Their ages range from 55 to 94, with the large majority in the 65-75 age grouping. As a way of avoiding a sense of isolation and separateness at Silver Lake, we also serve 75 of our youngest children, who are 8 to 10 years old and who come for three-week periods. Although they are at the same camp site, the children have separate living facilities, dining room, and play areas. The two age groups seem to have a very salutary effect upon each other. The adults enjoy being a part of our large camp family; they do not have a sense of being set apart. The children, on the other hand, derive a sense of security from having grandmas and grandpas near by, and learn to respect the capacities and achievements of these fellow campers.

### *Facilities*

Plans for the physical facilities for a camp serving the aging must be based on the premise that older people are no longer able to "rough



it." They require and are entitled to comfortable and attractive quarters, protection from the elements, a terrain that is neither strenuous nor hazardous. There must be a recognition of the physical needs and limitations of this age group. Furthermore, the beauty of the environmental settings and the facilities are to the older person a measure of our esteem for him as an individual, and contribute to his own improved feelings of self-regard and self-worth.

We all know that in our zeal to respond to the pressures and need for services there is a tendency to sacrifice standards. Far too many agencies are still using the rustic, primitive facilities of children's camps, or other inappropriate facilities—requiring aging adults to sleep on narrow camp cots, dormitory style; to use a central washhouse where there is only cold water; and to climb steep hills over rough paths. The time is long past when we can accept minimum standards or no standards in serving the aged. There surely are, and probably always will be, budgetary problems in providing services, but standards still lag far behind our understanding and knowledge of good practice if we continue to accept less than adequate standards as being better than nothing. At Wel-Met our senior citizen campers are housed in modern, well-constructed, heated cottage-type buildings. They share semiprivate, brightly furnished rooms, each with private bath. Privacy, adequate toilet facilities, and comfortable beds are of major importance. Additional conveniences such as spacious closets, sufficient dresser space, bedlamps, night tables, writing desks, soft chairs—all contribute to the feeling that the camp cares about the well-being and dignity of individuals. Eventually we hope to provide single rooms, eliminate the need for climbing a flight of stairs, and bring the dining room and other central facilities closer to the living quarters.

### *Criteria for Selection*

Dr. Alvin Goldfarb reminds us of the physician's obligation to cure, treat, and comfort all who come to him without overcompassion, hostility, or fearful attitudes. To do nothing because decline or death is unavoidable is to debase the sufferer and one's profession.<sup>2</sup> It is not difficult to translate this point of view to social work.

In selecting senior citizen applicants for a camp service, we must scrutinize our criteria and make every effort toward eliminating

<sup>2</sup> Alvin I. Goldfarb, M.D., "A Psychiatric Approach to Institutional Work with the Aged," Community Service Society seminar (New York: National Social Welfare Assembly, 1955), p. 15.



stereotyped attitudes. We must examine our motives carefully and re-evaluate our goals. It is helpful to reiterate that older adults do have various kinds and degrees of infirmities.

If an agency elects to serve this age group in camp, it must accept the fact that its campers will not all be hale and hearty and that they will present many relatively serious conditions: cardiac ailments, arthritis, hypertension, diabetes, and other diseases associated with the elderly. We know from experience that these conditions are not totally disabling. They may require accommodations in both the individual and the environment, but they need not relegate the sufferer to a completely restricted life—to be classified as "unhelpable." Similarly we find among the applicants for senior citizen camps aging persons who have psychological and emotional impairments. These may be the result of the reality conditions of many of the aging in our society, or may stem from early neurotic patterns. For every fairly well-adjusted applicant there will be the timid, the insecure, the over-aggressive, the detached, the depressed. Where we see our agency limits, how we define our function, are of utmost importance. Too often the motives in setting criteria for selection of campers are based less on how the camp service will affect the camper than on how the camper will affect us. It is frequently based on the fear and inconvenience, if one may put it so, of having to handle a heart attack in camp; on the lack of readiness to extend ourselves to render the extra help that the blind or palsied or depressed may require. It is sometimes related to the distaste we have for the twisted, the drooling, or the deformed. Agencies tend to set too narrow limitations in delineating their function and estimate with too rigid a yardstick the client's ability to use the service. Particularly in work with the aging, responsible professionals and agencies must be flexible in adapting and extending their services and in modifying their appraisal of what is valid use of them.

At Silver Lake we accept those who are ambulatory, who do not require a severely restricted diet, and who can walk up one flight of stairs. Over the past four years, no applicant has been rejected for camp despite the fact that 80 percent of the health records showed a relatively serious condition. We have had blind campers, orthopedically handicapped, some suffering from Parkinson's disease, and many other disabilities. Our experiences with illnesses at camp are unrelated to the conditions presented or what may have been anticipated. We have had a minimum of clinic attendance and no serious illness of any kind. Our experience with aged campers, in fact, has been far better than in the children's camp, where fractures, gashes,

and acute appendicitis are not uncommon. An analysis of the clinic records showed that senior citizen campers were treated primarily for insect bites, heartburn, a sprained ankle, and a blister developed while rowing. There are a number of assumptions we can make from these reports. Perhaps (1) we were just very fortunate, or (2) there is a general misconception that older people are sickly and ailing, and/or (3) there is a high correlation between a happy, satisfying, interesting camp experience and the lack of health problems. In many instances there is a substantial improvement in the health and total well-being of the campers.

In health, as in other aspects of camp life, care must be exercised to avoid overprotection, oversolicitousness, and dependency. The campers should rather be encouraged to utilize their potential fully. We have learned that most older people know when to rest between dances, how far to hike, and how much sun to take. They are self-disciplined in food selection and responsible about medication. They know their limits and many are able to extend these limits substantially during the two- or three-week stay at camp.

### *Program*

To many of us the term "camping" evokes an image of a rustic, primitive setting where the camper is challenged to conquer the natural elements through his ingenious use of outdoor and scouting skills. Starting a fire without matches, building a lean-to with his bare hands, or finding the way out of the woods with or without a compass are an integral part of a good camping program.

In referring to camping for senior citizens, we would simply define it as a group living experience in a rural outdoor setting to which people come for a vacation, seeking physical and spiritual refreshment. This does not imply that our goals for this age group do not include the pleasures inherent in coming close to nature, the satisfaction in being inventive with simple natural resources and the gratifications of living temporarily in an unmechanized, uncomplicated community.

We are all aware of it, but it bears repeating: everything that happens in the institutional setting is program—the formal and informal, the planned and unplanned, group contacts and individual contacts, and so on. There are some dimensions of program that may be worth examining in some depth.

A major program problem is related to adequate staff. The agency that projects child, parent, and authority figure roles to the worker demands an unusually mature and perceptive staff. Workers free of

societal biases about the aging, with sufficient personal security and discipline to work with the aging, are hard to find. We struggle with the worker who is overawed by aging adults, who maintains and encourages their dependency, promotes their infantilism, or insists on controlling. We have come to prefer hiring staff for their program skills and their personal warmth and maturity, assuming as part of our supervisory task the teaching necessary for work with the aging.

It cannot be stressed enough that it is inappropriate to duplicate the program content of the children's program with the aging. For instance, the kinds of songs presented in singing with senior citizens must be suitable for adults; childish jingles, action songs, or even folk songs if totally unfamiliar may cause the senior camper to lose some feelings of dignity, already in short supply. Encouraging an older camper to wear flimsy crepe paper costumes or to participate in undignified masquerades, suppressed-desire parties, beauty contests, "kiddie" nights, and "topsy-turvy" days does not express respect for his maturity and a lifetime of achievement. It does not enhance the self-esteem of older persons.

It is not only the scheduled, organized activities that are important. The short stroll with a staff member before breakfast, the friendly ear, the respect for each individual quickly sensed, the table talk, the help with letter-writing, and many, many seemingly small daily occurrences can indicate that we care deeply.

The program activities, which are fun and creative, are also the tools, the channels to the establishment of meaningful roles, opportunities to be useful and derive a sense of self-worth. It is through group singing, rowing, poetry-writing, costume-making, and so on that many begin to feel their capacities, thrill to the stirrings of their repressed creativity, and show evidences of being renewed.

In addition to providing new experiences, the camp program draws on the previous life patterns of the campers, uses their skills and intellectual knowledge, and is cognizant of their social and cultural backgrounds. There should be a very conscious concern to avoid institutionalization and infantilization of senior campers.

At Silver Lake we try to deal with this by having few rules or regulations. There is no rising bell and no curfew. Campers may have visitors at any time. They may leave the camp grounds whenever they wish. We ask them to advise us when they do go as an indication that we care. They select their own roommates, if they have a preference. They may participate in group activities, individual pursuits, or lounge under a tree.

If we merely listed the program content for our senior campers, it

would no doubt parallel the whole gamut of activities for all age groups at camp. However, there are important differences in the ways in which these activities are planned, initiated, and executed. There are adaptations not only in physical limitations, but also in how the adults are motivated toward program participation, how much they are asked to risk, what progressions seem suitable, and what objectives. All these considerations must be sensitively evaluated and constantly re-evaluated. Among our middle-class campers there is a conspicuous feeling of impropriety about simply enjoying oneself, making "unproductive" things, or declining responsibility. Staff attitudes and the camp climate give permission for the relaxation of these strict super-ego values.

Program activities should aim to support adult values and patterns of behavior. We veer away from "busy work" and the purely recreational approach, and draw more heavily on adult education methods and content. In our arts and crafts program the campers not only sculpt and paint and make ash trays, but they also have the opportunity to participate in a formal three-session course in art history and appreciation. Musical activities include choral singing, orchestra, and musical productions, but we have also developed a curriculum in music appreciation. There are classes in American history, current events, and English and Russian literature.

Dr. Abraham Heschel, speaking at the 1961 White House Conference on Aging, stated:

While we do not officially define old age as a second childhood, some of the programs we devise are highly effective in helping the aged to become children. The preoccupation with games and hobbies, the over-emphasis on recreation while certainly conducive to eliminating boredom temporarily, hardly contribute to inner strength. The effect is rather a pickled existence, pickled in brine with spices.<sup>3</sup>

Practical service projects which contribute to the camp community and promote feelings of being useful are an important part of programing. Sewing curtains for the social hall, building a golf course (scaled to size of course), constructing magazine racks and bookshelves, or fashioning a candelabra out of tin cans for the Sabbath services are some of the achievements of work-oriented programing. The campers also enjoy making play materials for the children, fishing in the lake for a breakfast cookout, picking apples and cooking them on an open

<sup>3</sup> Abraham J. Heschel, "The Older Person and the Family in the Perspective of Jewish Tradition," p. 10. Paper presented at the White House Conference on Aging, Washington, D. C., 1961.

fire for dessert at mealtime, berrying, making jellies, and preparing and serving food at the weekly barbecues.

In a camp living situation for older adults, as in other services, we cannot limit our function to the recreational and educational group processes. We must be prepared to deal with individual, practical personal needs. Mr. S is considering a home for the aging and wants to talk it over; Mrs. R is having difficulties with the department of welfare; the G's are living in a slum tenement and need to find other housing. In providing help for such practical and urgent problems, we use casework and counseling skills, make referrals, and in many other ways give support and guidance.

One of the general conclusions of the Aspen Conference on Social Work with the Aging was that "social work with the aging is multi-dimensional. It calls for utilization of all the processes and methods used in social work."<sup>4</sup> All our experiences in programing with adult campers at Silver Lake emphatically confirm this statement.

### *Conclusions*

1. Despite the substantial accomplishments in the field of geriatrics and the emerging philosophical goals, we are all personally and intimately involved in the process of aging—and have developed our own biases. In translating knowledge into objective practice we must be particularly careful to avoid projecting our own conflicts and anxieties in planning services for the aging.

2. Acknowledging that continuing growth and development is a realistic probability for older people, social work services need re-examination and realignment to make this potential a reality. Agencies must modify and adapt their intake criteria, physical facilities, and programs to the conditions presented by aging clients rather than clinging to rigid patterns that restrict and limit their services.

3. Experience in residential camping with the aging has affirmed our convictions about the continuing productivity of aging people—their rich potential and lust for life—the hunger for friendship and for a role in group affairs.

Although camping services for senior citizens are no longer a novel and unheard-of adventure, neither are such services commonplace as yet. Camping for older adults is a movement still in its initial stages—it should gain momentum with the impetus of new services, with research, and with new discoveries about the aging.

<sup>4</sup> Grace White, "Some Implications of the Seminar on the Aging for Social Work Education," in *Social Work Education for Better Services to the Aging*, Seminar on the Aging, Aspen, Colorado: Proceedings, Vol. 2 (New York: Council on Social Work Education, 1959), p. 83.

## **The social group worker as a consultant**

**ELAINE SWITZER**

While consultation as a way of working has received little apparent examination by the social work profession, the *use* of consultation is implied in many presentations. The opening section on definition of practice in the article "Social Work as a Profession" in the *Social Work Year Book* of 1954 illustrates this point when it defines the primary approach of social work in these terms: "to enable individuals, groups, and communities to meet their own needs and accomplish their own objectives" and to help people "to help themselves."<sup>1</sup> A study of examples of the use of consultation within this definition may serve, perhaps, as a base from which to identify concepts we can consider as we try to evaluate consultation as an appropriate function of social group work practice. It is assumed throughout that the values and body of knowledge specific to social group work guide the worker as he performs this function with skills directed to the fulfillment of a specific purpose.

The examples chosen are those with which the writer is familiar. They are taken from practice in a large city. Deliberately excluded are situations in which the social group worker served either as a supervisor or as a member of a professional team with ongoing responsibility. While these two areas are frequently regarded as consultation, they do not fall within the scope as defined here.

The consultant for purposes of this discussion is a person with special knowledge and breadth of experience who serves in an advisory capacity to an individual or group to help them perform a particular task or attain some specified goal. As consultant, he has no authority for implementing his recommendations, nor does he carry responsibility for day-to-day operations in acting upon the advice he

<sup>1</sup> *Social Work Year Book 1954* (New York: National Association of Social Workers, 1954), p. 506.

is requested to give. He must depend solely upon his competence, tact, and persuasiveness to give help in such a way that it is acceptable to those responsible for acting upon it.

The social group worker is currently receiving requests for consultation from professionals in the field of social work, as well as from professionals in related fields, when people believe that the specific knowledge of social group work can be of help. Requests come also from lay groups. Whether these requests are valid and can be adequately fulfilled is a question for thoughtful examination. The basic question with which the social group worker must come to grips is whether he can perform the service requested. The public image of social group work is all too frequently unclear, and there is often little real understanding on the part of those requesting his help as a consultant as to what the social group worker can offer. This is not difficult to comprehend, when social group workers themselves are struggling with a definition of their own practice.

This paper takes the position that consultation is a valid and helpful method of social group work practice when its function includes helping to meet the following human needs: (1) developmental needs related to the achievement of satisfactory social functioning; (2) the special needs of vulnerable individuals, groups, and communities where neighborhood environment and/or emotional or social problems have a tendency to make people antisocial or anti-community; and (3) treatment needs where social relationships planning has been evaluated in the diagnostic process as of benefit to the physically or mentally sick and the emotionally disturbed.

When the social group worker performs a consultation function, several major elements are involved.

1. The social group worker must be aware of the skills of his own professional orientation and the kinds of knowledge he can offer.
2. He must be able to interpret the social work profession and the knowledge his group work competence equips him to give (to those asking for consultation).
3. The request for social group work consultation must be made specific. Often the focus may not be clear. In such cases, those requesting consultation service must be helped by the group worker to state the problem in terms of their objectives and the purpose for which the consultation will be used.
4. The social group worker must then evaluate the assignment and determine whether his skills can meet these demands.
5. He must be able to use himself so that he does not give complex



material with the assumption that those receiving it can assume responsibility for integrating it in a manner useful to their needs. He must also make sure that he does not underestimate the situation and present material so elementary as to be useless. In other words, the social group worker must have the skill to evaluate what can be absorbed by those requesting his service, whether the time allocated for consultation be a single session or a series of sessions. He must then be selective in the material presented, realizing that what has taken him at least two years of professional education to encompass cannot be reduced to capsule form and that he cannot make practicing social group workers of those requesting his consultation, even if he would.

6. The social group worker must recognize his lack of authority to implement his counsel and provide leeway for differences of point of view. This holds true in consultation with other professional social workers even within his own field. He must consciously recognize that those who do have authority for implementation are different from himself and must be permitted the freedom to act upon his counsel or reject it. He must recognize also that there are often subtleties in a particular situation or problem which may require modification of the counsel if the objective is to be approached selectively and appropriately, and that following the "letter of the law" in terms of advice given may defeat the purpose utterly.

7. The social group worker must base his consultation on an understanding of the function of the agency or organization as a whole, even though help may be requested for an isolated segment. Almost inevitably this segment when separated from the total operation is meaningless, and any attempt to deal with it in isolation is self-defeating.

8. The social group work consultant, by bringing to bear a knowledge of professional standards and goals as applied to the field in general, should endeavor to assist those with whom he is working to relate those standards and goals to their specific problem. This may well stir up uncertainties and fears, not only about change but about possible criticism of present practice. These feelings must be recognized and anxiety allayed by recognition of areas of acceptable practice and the time needed to effect change, and by other relevant techniques.

9. The social worker must develop a relationship between himself and those who use him as consultant, as well as the relationship between and among the persons for whom he serves as consultant.



This is as necessary for establishing communication for purposes of consultation as for establishing communication in any other helping process.

10. The social group worker, like any consultant, must have the ability to be objective. He must be consciously on guard not to let his knowledge and relationships involve him so deeply as to create for himself an emotional environment that can destroy a "balanced look," or give rise to reluctance on his own part to permit implementation to rest in the hands of those in authority.

All these elements, singly or together, are found in the following examples of practice in which a social group worker has served as consultant. Obviously the examples are oversimplified, but it is hoped that they may serve to illustrate in some degree the concepts stated above.

#### *Consultation on Problems of Organization and Administration*

A national service organization with local chapters throughout the country has as its objective the initiation of projects which it carries for a stipulated period in an attempt to demonstrate a way of meeting a need unmet by other community services. The organization is composed of lay people, mostly housewives. Some have had work experience prior to marriage, and it is not unusual for the local membership to include former practicing social workers.

The board of a local chapter of this organization launched a project whose stated function was to help adults who have been mentally ill to develop social skills so that they can return to the mainstream of life in the general community, be acceptable to employers and employees, and so on. This project was viewed as a five-year one; two years had already passed. A social group worker at the welfare council has responsibility for consultation with the organization on an ongoing basis.

In his role as consultant, he recognized that the organization should become aware that it must begin work on plans for withdrawing its responsibility in orderly fashion at the termination of the project. As a voluntary group it could consider elimination of the project service, or the transfer of responsibility to another organizational group or existing tax-supported or voluntary agency. The consultant used himself in helping the organization face a decision that its responsibility to those being served included not only administration during the three-year interim period, for which it was

still the primary responsible body, but also planning for the continuation of the service in the future, when it would no longer carry the major responsibility.

The consultant's first step was to help the local chapter review its policy in setting up the service and the function of its board as defined by the chapter and approved by the national parent body. This was necessary to set up a frame of reference for understanding the current responsibility of the organization and for determining what, if any, continuing responsibility it might wish to assume in future plans. Then the consultant helped the organization to evaluate such questions as whether the five-year period set up for demonstration was long enough to establish the validity of the program; and whether the demonstration, if validated, could expect enough community sanction to obtain tax support, or might need the freedom and autonomy of a voluntary service as well as more time to document its benefits to clients.

To help in this evaluation, the consultant suggested the inclusion of professional persons who had a general basic knowledge of the treatment programs these clients experienced before they were diagnosed as ready for referral. He suggested a single meeting and helped the executive of the project and interested members of the local chapter to formulate the problem on which this one meeting should focus, so that discussions might be confined to the kind of help that could be used for planning in a constructive way for the present and leading into total long-range planning. The consultant shared with the chapter member designated as chairman of the meeting a concern that discussion of the need for service in many related areas not within the defined policy of the service under consideration could throw the meeting out of focus.

The consensus of those attending the meeting was that the demonstration period of five years was too brief to validate the program, and that an extension of time was needed in which the service should operate under voluntary auspices. The consultant then helped formulate ways in which the chapter might arrange to continue the service in orderly fashion for the next three years while at the same time planning for its further continuation as a voluntary agency. There were obvious organizational problems. Use of the chapter board as the board for the continuing service presented problems on several levels:

1. There was a diminishing interest in the minute details a professional service needs to consider.

2. Both the general membership and the board were unfamiliar with such problems as the need for established personnel practices, job descriptions, and so on. The project professional staff saw these as essential.

3. The organization's practice of assigning one member to serve as chairman for each project here created a situation in which the project chairman became a one-man board. The consultant discussed these problems with the chairman and the executive, pointing out the friction already arising between them and the ways in which this affected service.

The consultant helped to review various alternatives for setting up a project board that could serve co-operatively with the board of the chapter during the three remaining years of the project, and then become the autonomous board when the project ended. Such a plan required the approval of the national parent body, and the organization was helped by the consultant to structure the proposal for presentation to it. When permission was granted to proceed with the plan, it became necessary to define the areas of responsibility delegated to the interim board and those delegated to the executive.

So that decisions in this area should have the status necessary for immediate implementation by the board of the chapter, the consultant suggested the setting up of a committee, composed of persons with specific competence in administration plus others with specific knowledge of the kind of service the agency was committed to offer. As established, this committee included faculty from the schools of social work in the city and personnel from agencies the organization was known to respect. Obviously the assignment to this committee required a series of meetings for its completion.

In analyzing the methods used by the social group worker in consultation around these administrative problems, it is important to identify, if possible, any components specifically related to social group work practice. Such implications are suggested by the following:

1. The social group worker helped to focus attention on the need for long-range planning, which the executive and chapter board, as administrators of the project, were obligated to recognize as a part of their community responsibility. This reaching-out process is a method used by social group workers to a greater degree than by social workers whose basic orientation relies more heavily on the readiness of an individual to seek help on his own initiative.

2. The group worker's professional training helped him in his consultant role to the board as a *group*. Knowledge of group and

individual behavior as affected by group interaction was essential in dealing with this complex situation.

3. The knowledge of work with groups helped him to guide the board in using committees properly structured for consultation in regard to specific problems, as well as in using himself as consultant for more general areas.

4. In his consultant role he was able to handle the problems involving personal relationships among different board members as well as between board and executive, which at times impeded their work on the project. During the period under discussion, cliques began to form and function as pressure or opposition groups because of feelings of either loyalty or antagonism to individuals presenting various points of view, regardless of the merit or lack of merit of viewpoints themselves.

Subgroups were something the social group worker could anticipate and work with because of his knowledge of group behavior. Skill in this area permitted him to use subgroups for positive values. Through them the pros and cons of the ideas proposed could be fully aired in discussion, in a setting which placed limits and offered ways of using these elements of behavior to enable members to return to focus on the problem at hand. The worker concerned himself with interpersonal clashes only when they blocked this process. His ability to set limits in the discussion process enabled the group to stay with the problem, by helping individuals understand and keep their role clear for fulfilling a specific assignment. This is a skill of social group work practice.

5. The consultant's knowledge of the importance of relationships for establishing communication prompted him to build a relationship between himself and those with whom he needed to work, as well as helping those with whom he was working to develop a relationship with each other. His tool for doing this was program—in this case, the problem. He helped those responsible for the program find ways to work through and resolve the problem by examining standards for the field objectively. His objectivity toward all suggestions, either sound or far-fetched, created acceptance for himself and thus for his counsel as he helped those in authority to test out a desire to act upon proposed decisions. In this process the social group worker made it necessary for members to realize that discussion had to be practical and directed toward the needs of the client and of the service they had established.

6. Finally, the group worker's knowledge that leadership and fol-

lowship roles need to be fluid and flexible enough to permit a change in status. In this way individual members of the group can make a contribution in the area of their abilities, enable the chairman to retain status and yet be used in her proper role rather than being expected to serve as the fountain from which all ideas for planning flow. It properly relieved her of a leadership role at the times when others in the group were more able to assume it.

### *Consultation Related to Program Planning*

The casework staff of a rehabilitation center requested consultation from a social group worker on behalf of the interdisciplinary professional staff regarding ways in which the time of patients could be used constructively when therapy and educational programs were not scheduled and the patient "had leisure time on his hands." Here the consultant needed to help caseworkers, therapists, psychologists, and medical personnel already on the staff define the problem.

Early in the consultation it became clear that the staff of the agency was aware that patients found periods of time with nothing to do but watch television; that communication between patients was minimal; and that meal periods conceived as a social period by staff personnel were actually pretty sterile. Patients ate in a common dining room but showed little if any interest in where they sat, although they were free to sit anywhere they wished and to choose their companions. There was little conversation during mealtime, and patients left the dining room as soon as they finished eating. They returned to their rooms to lie down, watched TV, or roamed the corridors in aimless fashion.

The social group worker, by helping staff present a detailed description of this concern, enabled them to examine the implications inherent in the situations described. She was then able to help them examine the problem in relation to the total purpose and objectives of the agency. She helped staff see that the use of unscheduled time should be appropriately related to helping the patient use leisure time in a way that tied in with the other services currently being offered. Interpretation of social group work as a method different from recreation was a necessary prerequisite for helping to focus the consultation discussion. It also helped agency personnel to examine with some exactness the principles they had often discussed among themselves, but in a less structured way.

Definition of the difference in methods between recreation and

group work established a framework for communication, so that the terms were recognized as not interchangeable and had specific meaning to the staff meeting around the table. The understanding gradually emerged that specific problems such as loneliness, regression in responsibility of self-care, unused energies, and lack of concern for others could be alleviated by constructive use of "leisure time." Within this context planning for leisure time became an appropriate social work function related to the total program and purposes of the agency, and was recognized as an important therapeutic tool in helping the patient move toward the maximum use of his potential.

In examining the function of the social group worker in this situation, several points should be mentioned. This was a one-conference contact. In terminating it the social group worker attempted to leave the door open for further consultation if agency personnel wished it. During the conference, however, her main emphasis was on helping to interpret the service needs involved in patients' use of leisure time by translating instances cited by the staff into examples of ways of work used by a social group worker in that type of situation. Here the concept of social group work as a method was not theoretical but related to problems identified by the staff. This gave opportunity for an interpretation of group work and the skills and knowledge the group worker has. While primary attention was given to concern for patients raised by the agency staff, and what a social group worker could do to help the patient, there was discussion also of ways of giving opportunity for creative use of leisure time as a part of diagnostic planning. In this way it could be viewed as an integrated part of agency service rather than a "frilly" adjunct. This meant broadening the interpretation of the concept of social group work, and pointed up the need for the group worker as a professionally trained social worker to be a part of the agency staff team in order to include the insights he could offer about individual patients in the review of all aspects of patient treatment plan.

When salary and line status of this position were discussed, the concept of the social group worker as a skilled social worker seemed really to strike home. At the same time the idea originally proposed as a substitute solution—namely, that volunteers as "friendly visitors" or "play companions" could meet the needs of the patients—seemed to fall into place as a less appropriate solution. While the agency staff expressed belief that the administration might not be able to act upon the advice given because of budget limitations, it seemed probable that they would be able to use the substance of the con-



sultation in presenting the plan as a goal toward which the administration and board might work.

### *Consultation to Group Workers*

The third illustration also involves consultation in regard to program—this time to group workers responsible for direct leadership with groups of mentally retarded children. Consultation extended over a two-year period. Workers' groups met monthly, and individual consultation with the social group worker was by appointment.

The welfare council received a grant to review and examine the unmet needs of children classified as mentally retarded. The project had wide implications for work with parent groups, for legislation, for the development of new services, and so on. One of the unmet needs selected for development of a new service was the use of leisure time. The problem was described as one in which children excluded from public school—either because they did not meet the requirements for admission or had gone as far as the school believed they could go educationally—created a large population of youth with nothing but free time to fill the day.

A social group worker was hired by the welfare council through project funds and assigned to the division concerned with leisure-time services to help implement the development of services for such children. The division plan was to request three settlement-type agencies to recruit children from their neighborhood service areas and provide them with a group experience, under skilled leadership, that might yield some understanding ways of meeting the needs identified in the over-all project. The social group worker at the welfare council was to serve as a consultant to the group workers assigned by the agencies. It was made clear that the program within an agency was the responsibility of the agency itself with reference to intake, supervision of staff, home visits, and program planning. The agencies agreed to submit records on these groups to the welfare council, where the consultant conducted monthly meetings for staff workers directly involved in order to facilitate an exchange of ideas and ways of work and to evaluate the experience and formulate the findings.

The consultant used the record material as a basis for selection of items for discussion at these meetings, using her knowledge and skill in social group work practice to tie them in with the common problems confronting the workers. She also arranged for doctors and

other specialists with particular knowledge of the mentally retarded child to meet with the workers regarding areas of specialization with which the social group was unfamiliar. She was not a specialist in the field of retardation, nor, as a consultant, was she able to carry responsibility for supervision of staff or other areas where authority for program implementation belonged to the individual agency. Instead she gave supportive help to the leaders individually and as a group, and the reassurance that, with a general knowledge of social group work, they could make the necessary adaptations. Work with children with these special needs, she pointed out, was not basically different from their other work with children in need of broader social experiences. She was able to help workers accept people *where they were* in terms of their social experience and suggest ways for exposure to new experiences that would add to their social growth. Through her knowledge of social group work she was able to point out problems of motivation, the need for understanding behavior as a means of communication, and the adaptation of program so that it could be meaningful at a particular time of individual and group readiness. By her ability to suggest diagnostic evaluations on the basis of observation of individual children and group interaction, the consultant helped the leaders to recognize how they could add to general knowledge about retarded children, as well as contribute to the social functioning of the group members. Through this process, as time went on, the agency workers were able to supplement and in some cases revise the evaluations of children by parents and professionals who sometimes make a static diagnosis too soon.

This program was not set up as a research project; however, continued observation of the children in a group setting suggested new insights regarding measurement of individual and group potential, and the limitations in existing criteria that labeled children as "slow learners," "brain-damaged," "severely retarded," and the like. The group leaders and the consultant, working together over a two-year period, became more and more aware that the concept of opportunities for breadth of experience previously denied a child challenges the usual testing devices as adequate measures of the functional potential of children. Among other evidences of the soundness of this position is the fact that several children retested by the public schools after this type of group experience met the requirements for admission to the school program.

In the discussions the consultant also helped the workers to see the importance of communicating to parents any new learnings the



child was developing, so that they could help the child continue to use and develop his new skills at home. Strengthening continuity of experience and co-operation between the family and professionals from whom the child was receiving help was emphasized if the diagnostic evaluations and re-evaluations were to work on the child's behalf in helping him move toward optimum growth and maturity.

The concept of better social skills was used by the consultant to help workers see ways in which to evaluate and test the readiness of an individual or group to move into certain areas of general agency program. An interpretation of the value of social exposure under favorable circumstances for both the handicapped and the non-handicapped, as a means of increased acceptance of people who are different.

Workers were led to see how abilities rather than disabilities enable members of groups to help each other—as well as themselves—to capitalize on potentialities too often written off by specialists elsewhere.

A by-product of the project was the recognition that work with these children was valuable in raising the workers' own level of practice. Ways of work which a group worker should employ throughout all his practice, but is often able to overlook, were pointed up during the consultation process. It was recognized that one cannot get by with a poor professional job when a handicapped youngster is involved. This sort of recognition of weak spots in agency program or practice, it was thought, could lead to strengthening the functioning of the total agency.

### *Consultation in the Health Field*

Examples of the social group worker as consultant to health agencies would in themselves constitute a significant paper. One more illustration may suffice to suggest some of the possibilities.

Chicago operates a number of schools for the physically handicapped. This educational provision has both assets and limitations. Children are removed from their own neighborhoods to attend school. It need not be stressed that school and street are the usual places where children select friends and develop social skills by relating to these friends and their families. During the summer most of the children attending the special schools are referred to special camps that serve the handicapped child. These children obviously have limited opportunity for selection of friends. Neither their school day

nor their vacation period encourages an extension of social experience into a wider world than that prescribed for them by adults.

Through work with personnel of the special schools and with certain health agencies, doctors, and medical social workers, a social group worker was assigned to try to open new opportunities for broader social experiences by working with city leisure-time agencies and camp directors to review referral planning for individual children to their regular programs.

The group worker served as consultant to the executives of a selected number of city agencies and camps in cases where he thought the training and skill of both executives and staff might be receptive to work with handicapped children, if the need could be interpreted and referral made on a selective basis at the point where particular children seemed ready to move in this direction. Consultation included discussion of some basic stereotypes that have long been accepted by professional and lay people—for example, that a blind child must be protected from falls or bumps, or that camp terrain or agency steps are too difficult for the child with braces and/or crutches.

It was important for the social group worker to recognize and make clear that his role was not that of a medical counselor who could estimate the medical implications. However, he was able to make clear that this kind of screening for referral would be based on medical recommendations. When the doctor saw no real problem, part of the group worker's responsibility was to point out that the same kind of concern may be held as for any child. Camp and agency directors are all familiar with children restricted in body function by lack of dexterity and poor co-ordination who are not labeled as handicapped, and stuffed knees and even broken arms have to be handled in the course of work with the so-called "normal" child. The worker was able to note that experiences of exposure to real-life situations are important for every child in helping him participate in the mainstream of life and use abilities for self-care and independence wherever possible.

While opportunities for the child labeled as handicapped had been limited, reassurance to agency executives that careful help would be given on a diagnostic basis, and that specialists would help to screen and select as well as consult in regard to program and be on call for consultation, led to acceptance of the proposal. It was the agency executives who saw positive values for the child referred as well as for others with whom he would associate—including staff. A

number of executives agreed to clear with their boards and consider this possibility for intake.

The program, which started on a limited basis about seven years ago, developed rapidly. Last year a full-time worker was added to the welfare council division staff through use of special funds for its development. In the summer of 1960 well over a hundred children with a wide variety of physical handicaps were helped to receive placement in regular camps. There were congenital amputees, children with braces and crutches, children who were blind, deaf, cerebral palsied, mentally retarded, and others with multiple handicaps. It should be noted that the closing of one of the special camps helped to make consideration for referral to general camps more acceptable, particularly to the personnel of special schools who are convinced that camping is an important activity for the handicapped child as well as providing his parents with a period of release from responsibility.

The consultant visited each camp during the child's attendance, in order to offer consultation to staff if needed. The consultant was sometimes used in this capacity; however, it seemed to be more for reassurance than for new insights. In most situations he spent considerable time as a listener. Camp personnel were anxious to review the accomplishments the child had made and the values to other campers. Enthusiasm on the part of staff and an expressed desire to have other children with disabilities the next year was almost uniform.

How the social group worker used himself as a consultant has been extended through examination of this illustration. He was relied upon heavily as a resource specialist to allay fears and help staff activate, in relation to the handicapped, the knowledge they already had regarding behavior and social growth needs of children. Thus they became able to view the handicapped child as a child and not as someone with a disability who incidentally happened to be a child. In brief, the consultant helped workers to conceptualize their knowledge so as to include serving the child who is different. In addition, the social group worker, by serving as a referral resource, maintained an ongoing relationship with those involved in the referral process.

Follow-up coupled with an expression of confidence that the camp needed to be free to exercise its authority in assuming responsibility for the child in its program is not a unique concept for effective use of the referral process. The social group worker, however, sometimes

needed to help school personnel and medical social workers to be less possessive of the child for whom they felt responsibility as a client. The group worker seems freer to work with this concept than are some other social work specialists. Although some may take issue with this position, it is based on the observation that professional practice in a one-to-one relationship seems to make it easier for the worker to develop a proprietary feeling toward his clients. Whether this holds true generally is, of course, debatable; it may be a reflection of individual practice rather than of practice method.

### *Staff Training*

In enumerating ways in which the social group worker is asked to serve as consultant, one cannot overlook requests for help in staff training. Requests of this kind are frequent and varied and include consultation to volunteer leaders (for example, Girl Scouts) as well as paid agency staff. Problems of consultation range from need for help in integrating into program residents of different cultural, racial, or nationality background to understanding the behavior of the adolescent.

In each situation the consultant needs to keep in mind the kind of service the agency should be equipped to give according to its own statement of purpose. All types of agencies concerned with leisure-time services are commonly referred to as "group work" agencies. True, they are in the main group-serving agencies, yet the methods and objectives of service may fall outside welfare service objectives, let alone those of social group work. Staff hired range from craft specialists to athletic coaches. This is not meant to imply criticism, or the assumption that there is a hierarchy of priorities among service emphases under the broad cloak of leisure-time programs—whether on recreation, physical fitness, or development of skills. It is evident that people need the variety of services offered, since agencies offering all the various services are extensively used and supported in our society. It does imply, however, that the social group worker requested to serve as consultant needs to be aware of this range and use himself in relation to the real objectives of the agency, so that his consultation is not focused on helping the agency change its service function to that of social group work. Suffice it to say that the social group worker serving as consultant needs to select out of his knowledge and skill material that can be useful to those requesting his service. Let us look at two contrasting examples.

1. A settlement has for a long time served Italians as its primary clientele. It is located in a community where Italians have been both homeowners and residents of these homes. Currently the neighborhood is changing, and changing rapidly; Italians are moving out and southern whites have replaced them. The agency asked for consultation from a social group worker as to whether it was still needed in that community, since the new residents were not using it.

The consultant helped the agency executive and staff see that the question was not valid unless examined more fully. Actually the problem was whether the agency could be flexible and wise enough to help its staff learn about the mores, interests, and problems of the southern white, so as to serve them. The consultant was able to present some general insights that staff needed to examine further with neighborhood residents. These were concepts of a general nature. Because of knowledge of the mores and customs of any group of rural people, he could perceive these to be common problems of the newcomer to urban life. He outlined some clues for follow-up and program structure changes which the agency might have to initiate. Time for staff to become familiar with the new residents seemed to the consultant an obvious need, though this was not so clear to those in the agency who were chiefly concerned about loss of old clientele and fear of neighborhood change. This touched even such simple planning as the review of whether citizenship and English classes were still needed, and whether help with installment buying, preparation of frozen foods, use of transportation systems, and so on should be set up instead.

Basically the role of the social group work consultant was one in which his primary obligation was to help staff who had felt secure in working with their previous clientele learn about the new residents, so that the same sort of relationship could be developed and the agency become the instrument for helping the newcomers find roots—a role which settlements have played through all their history with any newcomer group.

2. In contrast to this situation, where a neighborhood-based agency needed help in defining its role with a newcomer group, was the request from volunteer leaders in the Girl Scouts for help in understanding the behavior of adolescent girls. Inquiring for more specific definition of the kind of help needed, the consultant discovered that the real question was what kind of program girls of this age like, and how they as volunteers could help meet these needs.

Such examples can be multiplied, but they are significant only as they clarify the concepts stated at the opening of this paper.

### Summary

To summarize in broad terms what the writer believes to be the basic considerations as the group worker assumes the role of consultant, one may begin by quoting from a paper given at a meeting of the American Association of Medical Social Workers in 1942: "The consultant must see the challenge of keeping his consultation specific and appropriate to problems and yet basic enough to allow for application in a wide range of services. In this way, while the area of consultation in one sense is restricted, in another sense, the consultant makes a contribution to the entire field."<sup>2</sup>

This has broad implications for the social group worker serving as consultant in this age of specialization, too often thought of in terms of techniques. Let us hope that as social group workers we will never reflect this narrow view when we serve in a consultant capacity; for it carries the dangers Robert Hutchins referred to in his address at Simmons College in honor of the hundredth birthday of Jane Addams, cautioning that we are likely to think of people as "biochemical links, statistical units, factors in production and objects of propaganda."

The caution is well stated. The social group consultant needs to focus always on how his help can encourage better service to people; first of all, to the client designated for service by the agency. It also means the community, the board or elected official body, the administrator or executive, and the line workers. This puts a heavy responsibility on the consultant to recognize all the interrelated factors and help those responsible for the service to move ahead in ways that bring about the desired results. There seems no better means to bring home the importance of keeping clear this primary objective of service to people than the following example, which Miss Addams tells in her own way.

A shipping clerk whom I had known for a long time had lost his place . . . and came to the relief station established at Hull House four or five times to secure help for his family. I told him one day of the opportunity to work on the drainage canal and intimated that if any employment was obtainable, he ought to exhaust that possibility before asking for help. The man replied that he had always worked indoors and that he could not endure outside work in winter. I am grateful to remember that I was too uncertain to be severe, although I held to my instructions. He did not come back again for relief but worked for two days dig-

<sup>2</sup> Agnes Van Driel, "Consultation in Relation to the Administration of Social Service Programs." Paper delivered at the National Conference of Social Work, New Orleans, May 1942.

ging on the canal, where he contracted pneumonia and died a week later. I have never lost trace of the two little children he left behind him although I cannot see them without a bitter conscience that it was at their expense I learned that life cannot be administered by definite rules and regulations.<sup>3</sup>

<sup>3</sup> Jane Addams, *Centennial Reader* (New York: The Macmillan Company, 1960), p. 28.

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*SOCIAL WELFARE ADMINISTRATION*



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ADMINISTRATION*

*Edited by Ella W. Reed*

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## FOREWORD

WE HAVE SEEN in the fifties an unparalleled increase in our knowledge of the administrative processes, and we have also witnessed an increased interest in the theory of administration as applied to different settings. These have in some degree been stimulated by the growing body of knowledge of the behavioral sciences and by administration research. Thus we find ourselves at an important crossroad in the development of the theory of social welfare administration.

The multiplicity of services in large social welfare agencies, the large-scale operations in business, and in government, have resulted in fuller attention and concern by graduate schools of social work, schools of business, and schools of public administration, to the preparation of personnel specifically trained for administrative responsibility. Each of the three fields has a contribution to make to the generic knowledge and skills needed in administration.

Several years ago the Executive Committee of the National Conference on Social Welfare (NCSW) approved a new category of membership to be known as a "Corporation Membership." The purpose was to stimulate fuller partici-

pation by business and industry in the Conference. In 1957 the Executive Committee approved a proposal that the Conference set up a Forum program on the general subject "Common Elements in Administration in the Three Fields (Business, Public Administration, Social Welfare)," specifically to emphasize the contribution each can make to the other fields. The project was financed by the corporation memberships. Two project committees have been discussing "common elements." The committees have representation from the administrative level of business, public administration, labor, and social welfare.

Obviously, many things influence both the structure of an organization, and the processes of administration—size, legal auspices, bases of financial support, its purpose, etc. Good administration has, however, certain common characteristics and processes which are found in most administrative situations. The two committees have been discussing what these common denominators are.

The publication of this little volume of selected papers marks a further step in the efforts of the NCSW toward the advancement of responsible and progressive administration of social welfare agencies.

The papers were selected by the NCSW Editorial Committee, whose members were: Raymond Chase, United Community Services, Boston; Herbert Millman, National Jewish Welfare Board, New York City; Corinne A. Wolfe, Social Security Administration, Department of Health, Education, and Welfare, Washington, D.C.; with the assistance of Joe R. Hoffer, Executive Secretary of the Conference, as illustrative of some of the papers that gave special significance to the 1960 Annual Forum.

Several of the papers were given at meetings planned and

arranged for by the Associate Groups of the Conference; others were given at meetings planned by the NCSW Program Committee. Two of the papers were presented at one of a series of three sessions planned cooperatively by the NCSW Committee on Personnel and Administration and the special project committees referred to above.

This small volume can only introduce the reader to a few of the current concepts, responsibilities, and trends in administration. These eight papers are not presumed to include all the significant contributions in the 1960 Annual Forum on administration and personnel.

ELLA W. REED

*Consultant to NCSW Special Project  
on Administration*





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## *THE CONTRIBUTORS*

SIDNEY BERENGARTEN, Professor of Social Work, New York School of Social Work, Columbia University

RICHARD F. CLEVELAND, Semmes, Bowen, and Semmes, Baltimore

JOHN C. FLANAGAN, Director, Institute for Research, University of Pittsburgh

DAVID G. FRENCH, Associate Professor, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Mass.

L. J. GANSER, M.D., Director, Division of Mental Hygiene, Wisconsin Department of Public Welfare, Madison

SOL MORTON ISAAC, Columbus, Ohio; Vice President, National Social Welfare Assembly

SUE W. SPENCER, Director, School of Social Work, University of Tennessee, Nashville

JAMES D. THOMPSON, Director, Administrative Science Center, University of Pittsburgh



*SOCIAL WELFARE ADMINISTRATION*



## METHODS OF AGENCY SELF- EXAMINATION

*by Sol Morton Isaac*

INTROSPECTION can be either a blessing or a curse; for the value of self-analysis and appraisal depends largely upon the motivation. If one conducts his self-examination in an honest attempt to improve his effectiveness in society, his efforts will likely be successful. But if, on the other hand, his scrutiny stems from an insecure necessity for reassurances, he is likely to find merely what he set out to seek.

In the story of Snow White, the Queen needed the constant comfort of her magical mirror, which served little useful purpose until it told her the truth about Snow White's preeminent beauty. This so unnerved the Queen that she was led into excesses of horror and to her own downfall. The Queen, of course, never wanted self-analysis. She desired only that highest form of flattery—her own concept of herself.

One of the most perplexing problems facing any social agency is how to construct a mirror into which board members may peer in order to discover what they and their predecessors have wrought. Each agency, for itself, must determine those facets of its service upon which the mirrors should focus. There are even more difficult problems: How shall the mirrors be constructed in order to insure their



integrity? Who shall interpret what they reflect? We, both laymen and professionals devoted to social welfare, want no magical mirrors to tell us merely that we are the fairest in the land, however much we should like to believe so. Fortunately, we are wise enough to see and hear the extrinsic evidence which casts some doubt upon our attainment of perfection and shatters any impulse to become smug or complacent.

There is no escape from the conclusion that self-analysis is a personal problem, whether it concerns an individual or a group. Each separate agency, then, must procure its own mirror, set it in focus, and determine how the appraisal of the reflection shall be made. All that I can do is merely to suggest some of the reasons why this should be done and some of the areas to be considered.

I have used the word "merely" because I believe that most, if not all, of us are well aware of the need for constant and honest appraisal of the effectiveness of our several organizations, both internally and externally. Surely, most conscientious and loyal board members have said to themselves: "If we are as valuable, as efficient, as dynamic as we like to believe that we are, why doesn't the community support us more fully?" And then comes that great doubt, "Am I sure that we are as good as all that?"

It is easy to tell when a cake has been well baked. It is relatively simple to discover whether a machine has been properly designed and manufactured. It does not take long to learn whether a house is sound in plan and construction. The stockholders of a business enterprise can measure effectiveness in profits. But with organizations which deal primarily in human relations and values one cannot categorically resolve the doubts or offer tangible proof of

value. And yet, great is the challenge and insistent the demand that we do prove our worth. Consequently, we are moving forward toward sounder and more efficient methods of appraising both our means and our ends.

As President of the Family Service Association of America I had a unique opportunity to visit many agencies. Much of my experience, of course, has been in the family service field. I have seen these agencies not through professional eyes nor with an ability to appraise their intrinsic value, but only as an interested layman. The outstanding common characteristic of board members is an intense and loyal devotion. Those I have met are almost unanimously proud of their agencies and of their professional staffs. They hasten to assure me that their own executive is the finest person imaginable and that their experience with the agency has been a thorough and invaluable joy. Almost exactly the same spirit permeates the national organization over which I once presided. Our national board is devoted to its executive director and his staff. The members are pleased and proud to be associated with an agency whose purposes are of high quality and whose work is of so fundamental a nature.

Yet, another, more elusive, less tangible theme also has been observed, both nationally and locally. It has appeared as a somewhat wistful disappointment on the part of many lay leaders that the work and absolute necessity of this fine agency of theirs should be so hard to explain and describe. I have been told of difficulties in formulating action. I have discovered a lack of confidence to move aggressively into community leadership, a certain diffidence in the face of local or national turmoil, an inability to transmit one's own satisfaction with progress to others. There often is no

plan for surmounting obstacles created by community confusion or hostility. There is, indeed, too often a failure to plan effectively and to adhere to such plan. Underlying a public posture of complete approval, there lie doubts, hesitations, uncertainties, and insecurities.

This lack of aggressive self-assurance, born of incomplete understanding, is exhibited not only by lay board members, but sometimes by the professionals as well. Possibly this situation is limited to the casework field. But my experience as an officer or board member of other social welfare organizations, local, state, and national, leads me to surmise that family service agencies are not alone with some of their perplexing problems. Certain organizations with strong national affiliations, deeply rooted in historical continuity, present an aspect of stability and firmness of purpose and plan. But I have observed that there exist reservations to complete acceptance even in the case of these more well-defined types of social service. Examples could be multiplied of these organizations which have seemed for a long time to enjoy almost universal public acceptance. Yet, there appears to be a lack of demonstrable understanding of the true missions of these groups and of their intrinsic worth to the community. Apparently, blind acceptance of any social welfare organization by large segments of the public is extremely dangerous. It lulls the workers in the field, both lay and professional, into a false sense of security and accomplishment. The rumbles of discontent or indifference are all the more potent for being somewhat submerged.

Many of these problems of insecurity and lack of assurance stem from an imperfect understanding of the role of social welfare in society. In the last forty years we have moved swiftly from the age-old concepts of charity as a

private obligation, arising from religious motives, to the present considerable acceptance of social service as a necessary ingredient of democracy which is the right as well as the obligation of every citizen. The fragmentation of our social welfare organization into its many component parts, public and private, hereditary and newly conceived, dealing with a multitude of problems of human relations, causes us frequently to overlook the community as a whole and makes it more difficult for each agency to examine itself and its place in the sun.

Surely, then, we can agree that before each of us can solve these problems for our agencies we must know who we are, what we are doing, and for whom we are in existence. Can you imagine the manager of a corporation who could not describe for his stockholders the nature of his business, the product he produced, and the clientele he served or who could not justify the financial affairs of his corporation? He would not long be the manager of such a business, if there would be any business at all by the time he could be removed. Yet, with all too slight exaggeration, many of us have accepted trusteeship of our agencies with some such lack of comprehension. If the differences between social service agencies and commercial enterprises are apparent, the similarities are also apparent. Our "stockholders" will be just as quick to sense our lack of confidence and understanding. The success of our "business" depends just as completely as any other upon our ability to command the respect and approval of the community.

Nor can we console ourselves by urging either that this field is not like a business and cannot be appraised like one or, on the other hand, that since we are volunteers we are somehow insulated from attack. Anyone who has had any

substantial experience knows that the community does not give weight to our difficulties in expecting proof of value. Anyone who has voluntarily accepted the responsibility of a trusteeship knows that his accountability is even more exacting than it would be in commercial activities. Nor can any trustee hide behind the fact that he merely follows directives from some national headquarters. No, we cannot avoid the difficulties inherent in our operations nor can we escape our responsibilities. We had far better plan to bring more order out of confusion in order more perfectly to execute our trust.

There is every reason to believe that our difficulties stem not only from the lack of a general agreement on our goals but also from a failure to devise a relatively simple method of self-analysis and a resulting self-appreciation.

One of the more attractive attributes of those who devote themselves to social service is the "David complex." The bigger the problem the more eagerly it is attacked. So, we must wade into this project, as we have so many others before it, with a spirit of adventure. For if we can successfully construct a program of self-examination, we know we can improve both our service and our community relations. Incidentally, in doing so we may free ourselves and our colleagues of a boredom born of a lack of comprehension and conviction.

Self-analysis might be divided into three parts, none of which can be fully separated from the others. It would seem that they form different facets of the same diamond. We examine our internal operations to learn our effectiveness as a going concern. We study our place in the community as part of a concerted effort to improve the lives of all citizens. We challenge our very existence by determining community

needs and the means to fulfill them. In the end, we have subjected ourselves and our community to an analytical examination from which no question can long remain unanswered.

It is extremely important that each agency reach an agreement and establish a policy for the proper function and scope of the board, the executive director, and the staff. Most internal troubles and questions arise from an imperfect or impermanent conclusion on that central issue. The makeup of the board, the length of service for board members, the authority of officers, the creation and functions of board committees, the communication between board and staff—all these and many more problems depend on the degree of understanding between lay and professionals in regard to their respective scopes of authority. The solution of this problem will of necessity reveal the basic purposes of the agency as well as the quality of mutual respect and confidence. It is almost an exact analogy to the ever present conflict between Congress and the Presidency, a conflict which is never permanently resolved but the evolutions of which do somehow move us forward in this gloriously imperfect republic of ours.

Another important aspect of internal organization is the expenditure of our three rare commodities: time, money, and professional competency. These three are inescapably involved with each other. How to satisfy ourselves and then our communities that all of these are being utilized to the fullest is a challenge of the highest quality. But, like the analysis of board-professional participation, this study also inevitably leads to fuller comprehension of the entire agency. Tools for this examination have been developed in many fields. The files of every national organization and of

most local welfare councils are crammed with analyses of personnel practices and comparative statistics. It would be foolish to follow any of these blindly. It would be more foolish to ignore the expert research that has developed them. Yet, there is still much in this area that ingenuity and the competencies of community personnel can devise and uncover. Every agency spends time, money, and talent every day in a variety of ways. Each agency needs to make its own appraisal and to justify its expenditure of all of these if it is to enjoy community approval and acceptance.

The third aspect of internal organization which requires analysis is the client relationship. Where do the clients come from and what happens to them after they arrive? What are their problems, and how are they solved? As board members we cannot be satisfied merely to hear the occasionally dramatic case or to dwell upon a phase of operation which may have emotional appeal. We must know how all persons are handled, what kind of people they are, what they want, and what they get. A department store executive may be fascinated with merchandising or advertising but bored with personnel problems or credit. Yet, unless he learns all phases of his complex operations, he may find his enthusiasm for merchandising or advertising wasted. So it is with us as board members; we must maturely consider our agency to be a complex organism no part of which is too insignificant or routine to escape our scrutiny. When unpopularity strikes, it may originate from the least likely source.

Statistics are a deceptive, if sometimes necessary, method of communication from staff to board. But it is not sufficient to tell a board that so-many cases have been handled in the year. These must be analyzed as to quality as well as to

quantity. The aim is always to determine the impact of our efforts on the community, not the number of individuals ground out from the front to the back door.

As each agency moves in its analysis from internal to external organization it will find itself a part of the community of agencies, some allied closely to it, some quite distinct, some compatible with its aims, some hostile. Here, the more well-defined type of agency has an apparent advantage over the more nebulous organization. On the other hand, the opportunity for each type of social agency to prepare itself for community leadership, to shape its course to fit the temper of the community, is so great as to outweigh any other considerations. Those organizations whose service is of a basic, casework nature can absorb and develop types of aid which are specially designed to meet community needs. The specialized agency must determine whether it is utilizing fully the supportive services offered by other agencies in order to avoid duplications of effort and competition for personnel. In short, each of us must determine whether we are, in fact, moving with the tide. Indeed, we must appraise our capacity to foretell future demands. Each agency must make a significant contribution, distinct from that of our fellow agencies. Our economy can no longer afford expensive and unnecessary duplication and competition. Agency pride must give way to over-all community welfare and planning. We cannot fail to recognize this, if we are working sincerely for our communities. Thus does our analysis require a close look at our community superstructure and whether we are taking effective part in it.

Fundamental in this phase of our analysis are our relations with our welfare councils and our fund-raising groups. It is vital that we pool our experiences and our problems in



a common effort to improve our communities. Most disagreeable and reactionary community controversies arise over an unwillingness on the part of some group to analyze sincerely and frankly its program and policy in concert with its fellow agencies. The smug self-satisfaction of certain boards that represent agencies whose purpose in the family of social agencies has often long since become obsolete presents one of the most dismal aspects of this work. Here it is that wisdom and diplomacy in community leadership are indicated. It is a challenge to all agencies, for the future of each depends vitally on the health and attitude of all. So it is that the board of each agency should know how effectively its group contributes to the welfare council and to what extent the council can and will be of service toward making the agency more efficient and effective.

Our analytical board should also consider its connections with its state and national organization. If these national groups be ineffective, we lose by it locally. If they be strong, but we do not know it, we also lose. A citizen who is uninterested in the actions of his national political representatives loses his real franchise. He may vote, but it is a meaningless operation. So too, an agency unaware of state and national movements and plans may function locally, but it will remain provincial and unprogressive.

No social service agency can stop at collaboration with fellow organizations or councils, local and national. The broader aspects of public relations must be considered and tested. The mutual admiration societies are valuable, but the real support for our agencies, as well as the basic need for them, comes from the mass of uninformed citizenry. If our agency is not known or understood by parents and

children, by labor and management, by teachers and ministers, by lawyers and doctors and the press, it will fail to receive financial support and, even more seriously, it will fail to be fully effective as a weapon in the struggle for a healthier, happier community. There is, of course, a nice balance between successful publicity and the ability to handle requests for service. Every agency has been faced with the problems deriving from a too ambitious educative program. But we cannot escape an evaluation of our efforts and effectiveness in this area. In the end, the community as a whole will judge our worth.

Ultimately in our self-examination we arrive at our most fundamental and yet our most elusive problem: What are the needs of the community and is our philosophy geared to satisfy them? As specialized organizations continue to be formed, as hereditary groups lose sight of their original purposes, as conditions and the composition of society change, and particularly as urban living becomes more complex, our search for solutions to society's ills becomes more involved and ill-defined. We attach labels like "child delinquency" to ailments but we have no antibiotics to cure them. Are we in social service developing true cures or are we merely treating symptoms with aspirin? Surely, we must answer this question if our analysis is to be fully fruitful.

This is the essence of the third division of our search for an analytical routine. We must learn how to take the temperature of our communities, to feel the pulse, to recognize the symptoms, and then diagnose the diseases and prescribe the cures. No agency can do this alone. But if we are not to waste our time and efforts we had better

spark the research and lend our full support to it. We will soon learn how valuable we really are, for all of us should now be working close to the heart of the matter.

Any stated purposes require study, research, and discussion leading to improved methods of treatment, counsel, and assistance. Of even greater significance, they require the development of an understanding of the problems of those we serve. This is not the responsibility solely of a national organization. It is equally, perhaps primarily, the responsibility of each board member. For if there are not evident from our daily experiences some guide lines to the solution of society's chronic ills, then the justification for enthusiasm is pallid indeed.

For each of us to justify our existence in the community means several things at least: more research into our clientele and their requirements; highly trained and sensitive staff personnel; and certainly a more productive and scientific interchange of experience. All of this is designed to reflect more truly the needs of the community and, again, to justify our existence and our future. It is obvious that an organization dedicated to an essential area of concern can, and must, play a vital role in this effort.

These are some of the problems that face the self-analyst. We can readily formulate more of them. The important fact is that we must acknowledge their existence. Indeed, we should cherish them because they are the springboard to better understanding by ourselves and our community and to more effective and more valuable service in the future. We must emulate our children and ask a thousand questions until we have absorbed the experience of the past in order to improve upon it in the future. But our search for answers should be neither disorganized nor in-

temperate. To be truly productive, it should be scientific, specific, and, above all, frank and open.

How to organize this self-examination is our special problem. It may be that a generalized routine can be developed to enable all agencies to explore their effectiveness. But I suspect that the variations in agency organization and operation will require considerable ingenuity on the part of each board if it is to fill its own peculiar needs. The demand for ingenuity, however, is one of the factors which makes social service intriguing and challenging. How dull it would be merely to follow a blueprint. Let us then resolve to know ourselves better so that we may more effectively convey our satisfaction to our communities. This affection which each of us feels for his work and his agency is genuine and well-founded. It must be bolstered by a firmer knowledge of ourselves and an assurance in our future course.

## COMMON ELEMENTS IN ADMINISTRATION

*by James D. Thompson*

IT IS NOT UNUSUAL for a committee to begin in confusion and perhaps with apprehension, as did the Committee on Common Elements in Administration. It is remarkable, however for a group representing as many different experiences and points of view as ours to submit a report in as near unanimity and with the conviction that this one<sup>1</sup> is tendered.

Our conclusions are derived from two sources. First, as a group we drew on one another's experiences and observations gained from a wide variety of vantage points, including administrative positions in Federal, state, and local government, in voluntary social welfare agencies, in research organizations, in labor organizations, in education, and from research in, and consultation with, various industrial firms. Second, we turned from time to time to

<sup>1</sup> A report of the Pittsburgh area "Committee on Common Elements in Administration," sponsored by the National Conference on Social Welfare, from the fall of 1959 to the spring of 1960. Committee members: Mrs. Herbert F. Byrne, Dr. Dora F. Capwell, Ben Fischer, A. R. Guyler, Norman Lourie, George P. Mills, Wilber Newstetter, Earle P. Shoub, James D. Thompson, Chairman, and Elmer Tropman. We wish to acknowledge the wise consultation of Mrs. Ella W. Reed, NCSW's Consultant on Special Projects.

selected academic sources,<sup>2</sup> which helped to crystallize our thinking and focus our deliberations. I should emphasize, however, that we have not simply swallowed any of these theoretical formulations in its entirety. Our report makes use of them, but we have modified and elaborated them out of our collective experiences.

Our work is not finished. As we identified and accepted common elements, we also gained respect for uncommon elements, a topic we intend to examine more thoroughly at a later date. We know, also, that some of the questions we faced must ultimately be answered through the kind of detailed, systematic research for which a committee is not appropriate. We shall suggest some of those research topics in this report.

Despite the tentative nature of this report, our sharing of experiences and observations has convinced us that administration in business, administration in social welfare, administration in whatever context it may be found, have more elements in common than traditional beliefs recognize, and that the importance of those common elements generally is underestimated. While we recognize the importance of uncommon elements, we feel that the significant differences are not necessarily at those points in the administrative process that tradition assumes them to be.

In seeking to identify elements of administration which are common to business, social welfare, government, educa-

<sup>2</sup>E. H. Litchfield, "Notes on a General Theory of Administration," *Administrative Science Quarterly*, I, No. 1 (1956), 3-29; Talcott Parsons, "Some Ingredients of a General Theory of Formal Organizations," in his *Structure and Process in Modern Society* (Glencoe, Ill.: Free Press, 1959), pp. 59-96; and James D. Thompson and F. L. Bates, "Technology, Organization, and Administration," in Thompson, *et al.*, eds., *Comparative Studies in Administration* (Pittsburgh: University of Pittsburgh Press, 1959), pp. 165-82.

tion, and medicine, we quickly discovered that one of the least common elements among the several fields is terminology. The same situation or occurrence might signify "supervision" to one of us but imply "administration" to another and "management" to still a third member of the committee. To overcome this barrier to effective exchange of experiences, we found it necessary to focus first on the functions of administration and then on the behavior of those who hold major organizational responsibilities, and to ignore the terminology and labels diversely used in the various fields.

Even with this focus, it was necessary from time to time to give some labels to our topics, and to do this we had to adopt a few ground rules which will be employed in this report and explained as we go along. At the outset, we agreed to use a broad conception of "administration." If our report has a focal point, it is on the "chief executive," but it became clear that in most instances the chief executive's role is one in a larger administrative process and is in part defined by the other roles involved in that process. Even within a field—an industry, for example—the chief executive's role varies considerably from one organization to another, or from time to time in the same organization, depending in part on how the administrative process is divided among a number of roles, and in part on the individual's conception of his role.

We believe, however, that if the administrative process is performed adequately, the areas of decision and the functions performed will be similar in all large organizations. We believe this to be true also of the very small organization, where the total administrative process is the responsibility of one individual. But our deliberations have revolved

around what we label as the "multiple-purpose" organization, that is, the type which includes two or more distinctly different professional or technical processes. An example may be helpful at this point: a firm devoted solely to the manufacture of automobile batteries for one client would be a single-operation organization, whereas a firm devoted to the manufacture of several product lines, to research, and to sales would be a multiple-purpose organization. Similarly, the welfare agency concerned only with placing children in foster homes might be considered a single-purpose organization, whereas the agency which provides a sheltered workshop, a recreation program, and a casework program would be a multiple-purpose organization. The importance of this distinction will emerge later, but we want to make it clear now that we considered administration of the relatively large and relatively complex organizations in our several fields.

We see three major functions performed by the administrative process, and we believe that usually there is a close correspondence between these three functions and three general levels in the organizational hierarchy. We called one important function "organization-directing," in the sense of discovering opportunities for the organization to satisfy needs or demands of the environment, and in the sense of winning environmental support for organizational goals—not in the narrow sense of issuing orders to members of the organization. This function is concerned with what the organization as a total entity is now, is becoming, and should become, and with making sure that the organization continues to fit into the changing scheme of things.

Normally, we think of this organization-directing function as the responsibility of a board of trustees or directors



or of a commission or a legislative body, such as a city council. But we know that often the chief executive is the key member of such a group and that when the board or council does effectively discharge organization-directing responsibilities, this fact frequently reflects the chief executive's capacity to energize his board or council. We believe that for the administrative process to operate effectively the chief executive must play an important part in the organization-directing function, and that this also enables him to link the directing function to the second of our three—the "organization-managing" function.

The organization-managing function is concerned with the sustenance of the organization as a total entity, that is, with acquiring, assigning, and planning for the orderly and coherent utilization of resources, namely finances, personnel, physical facilities and materials, and authority. The organization-managing function of the administrative process does not accomplish the ultimate work of the organization, but it provides the ingredients, instructions, and climate essential to that ultimate work. It uses as one of its criteria the goals and objectives established in the organization-directing function, but it uses as another important criterion for decisions the realities of the technical and professional processes necessary to accomplish the ultimate work of the organization—operating the machinery which manufactures a product, calling on sales accounts, interviewing clients, treating patients, dispensing advice, and so forth. We do not conceive of these technical behaviors as part of the administrative process as defined above; rather we believe that the administrative process serves to give over-all direction and meaning to technical and professional processes and to acquire and regulate the use of resources required

by technical and professional activity. We do believe, however, that technical and professional actions must interlink with the administrative process, and it is at this point that we find the third major function of administration, which we refer to as the "supervisory" function.

In our view, the supervisory function of administration governs the utilization of the resources provided by the organization-managing aspect of administration, and orients their utilization in the way outlined by the organization-directing function of administration. The supervisory function results in the coordination of technical or professional activities, making sure that these are done at appropriate times and places and in generally accepted fashion.

To recapitulate: we find administrative roles at three major levels of the organization. At each level, administration performs a different function, and each level overlaps with and links those above and below it.

Now, in order to identify common elements of administration, and to compare administrative roles in different organizations, we must first determine which functions of administration involve the roles in question. We cannot do this simply by comparing similarly labeled roles, for the word "foreman" may be applied to one kind of role in one industrial firm and to a rather different kind of role in another industrial firm. Similarly, we cannot assume that "foundry foreman" is equivalent in the administrative process to "casework supervisor"—or that it is not. The personnel manager may have one kind of role in this organization and a rather different one in that organization. And so on.

We must emphasize, then, that in the following remarks we will be comparing roles in terms of the kinds of responsi-

bilities outlined above, irrespective of the variety of labels which organizations may attach to those roles.

We believe there are significant elements in the supervisory function of administration which are common to large organizations in all fields. Whatever the technical and professional processes, those at the supervisory level are dealing with people and therefore must give attention to interpersonal communications practices, to motivation, to performance appraisal. More generally stated, concern with human relations is a common element of administration at the supervisory level, regardless of the field. A second important element at the supervisory level, common to all fields, is concerned with establishing work priorities, with shifting work loads as bottlenecks develop, with making sure that the activities of various technical specialists or professionals intermesh—in short, with coordination. A third common element at the supervisory level is the linking of the technical and professional processes to the managerial function and level of administration by anticipating future resource needs, negotiating with managers, and so on.

These, we believe, are the three major components of supervisory roles, and they are common to all types of large, complex organizations. We will have more to say about the types of persons who can move from one field to another, but the only job-produced barrier to the transfer of supervisors between fields would be found in those instances where the supervisory job has in addition a nonsupervisory technical or professional component; that is, where the supervisor, in addition to supervising, must exercise the same specialized expertise as those he supervises, or must train and develop that expertise in his staff members.

Turning now to the organization-directing function and

level of administration, we believe that some of the essential elements are common to all types of large organization. Irrespective of the technological or professional bases of the organization, this function of administration identifies social, economic, and political trends which open new opportunities to the organization or pose new problems for it; it determines the elements of the environment to which the organization seeks to be related, and determines strategy for reacting to pressure groups or organized blocs in the environment. This is the broadest of the administrative functions, requiring consideration of the distant future. Regardless of the specific lines of responsibility—to stockholders, to electors, or to a voluntary public—the individuals or groups performing the organization-directing function of administration need essentially the same kinds of abilities whatever the field, and the able person in this category frequently holds responsibilities in several different kinds of organizations simultaneously.

Now we move to the organization-managing function of administration. Here again the problems and procedures appear to be essentially the same in the several fields. Regardless of the technical or professional bases of administration, there are common practices for financial planning and management, personnel development, program planning, control and review, purchasing and property control, and so on. For each of these managerial activities the basic machinery is common in all types of large organization, and the differences in techniques represent only variations on a common theme.

Even more important at the organization-managing level of the organization is the essential responsibility for meshing the several managerial activities into one cohesive whole

which is both consistent with the over-all direction established for the organization and supportive of the technological or professional processes required by that over-all direction. This problem of keeping the parts integrated into a whole is common, at the organization-managing level, to all types of large, complex organizations.

One of the questions which persisted through all our deliberations was the extent to which administrative ability is or can be transferable from one field to another. It is helpful to distinguish between the transfer of administrative techniques and the transfer of administrators. We are aware of instances of both, but it seems probable that the transfer of administrative techniques is more frequent and easier to accomplish.

Systems and procedures developed in one field frequently have been adopted and adapted by others, and we think it is likely that this kind of diffusion will increase. It is generally true that for each field to discover by trial and error what has already been refined in another field is uneconomical; the belief that each field is entirely unique can be a major deterrent to the economy of borrowing. The fact that adaptation may be necessary when systems and procedures are borrowed does not discourage us, for within fields refinements are constantly being developed and systems modified to fit evolving technologies and changing circumstances.

With respect to the transferability of individuals, the picture is more complicated, for several kinds of transfer are possible. At the level of organization-directing, the practice of appointing individuals from one field to responsibilities in quite a different field is widespread. It is not unusual for an individual to be a board member in several

distinctly different fields, and where individuals are selected for their competence rather than for prestige or on the basis of occupational history they can bring new insights and stimulation to the organization.

We believe that the transferability of individuals at the supervisory and organization-managing levels of administration is largely governed by the evolutionary stage of the fields involved. Where the evolution of multiple purpose organizations has been recent and rapid, supervisory roles may be built by adding to professional or technical roles, so that the supervisor is viewed merely as a supertechnician or a superprofessional. When this is true, the supervisor in Department or Division A is automatically disqualified from moving to Department or Division B, which uses another variety of professional skills. But when the evolution has progressed far enough to have clearly distinguished between supervisory roles and professional roles, the multiple-purpose organization frequently finds it desirable to transfer supervisors from one department to another, and might indeed be inefficient if it refused to consider such transfers.

Similarly, in the rapidly evolving organization, organization-managing positions may be viewed as supersupervisory positions, with the responsibilities and activities of those in managerial positions reflecting the peculiarities of the technical bases of the organization. During this period of evolution the organization is likely to have difficulties, with managers giving too much attention to operational details, or too little attention to the acquisition and control of resources, or both. During this stage of evolution there are likely to be growing pains in the form of controversy over the importance of technical or professional expertness as

a qualification for organization-managing roles. We believe this is a temporary issue, however, for the continued expansion of technical knowledge will result in greater size and complexity of organizations in all fields, and will make mandatory the recognition of administrative roles as distinct from expert roles.

The role of chief executive is particularly important in this respect. As organizations become multiple-purpose ones, and as they recognize the need for managerial specialists of various types, it becomes impossible for the chief executive to have expert knowledge of either the technical processes or the several aspects of management. In these complicated organizations, then, the chief executive must be able to comprehend a variety of things, for administrative purposes, and he must be able to fit them together. This is a "generalist" role, and indeed, the chief executive with expert knowledge in one of the organization's operations may be handicapped if he behaves like a generalist—at least until his specialized technical knowledge has faded into memory or been subjected to self-control.

We believe that usually the chief executive first becomes one by transferring from a more specialized managerial role. In the early stages of an organization's evolution it frequently is the case that only those who at some point have been identified directly with the basic professional work of the organization are considered qualified to step into the chief executive role. When the organization becomes a multiple-purpose one, service at any of several professional starting points may qualify an individual for consideration as the chief executive. When such organizations mature, however, it seems to us that the starting point and the route taken by the individual becomes of minor importance. En-

tering the organization by way of one of the managerial specialties, such as finance or personnel, may prepare him for executive responsibilities just as well as entering through one or another of the professions associated with the ultimate work of that organization. We know that this view is not fully accepted in all quarters but we believe it will become increasingly evident that the abilities of the individual, rather than arbitrary credentials, must be the basis of administrative selection—and that these abilities can be acquired in various ways.

On the other hand we do not imply that an administrator judged "successful" in one organization would necessarily be successful in another. The transferability of an individual depends on several important variables, including:

1. *Adaptability.* This quality, of course, is as necessary for the administrator who remains stationary as for the one who transfers, for in both cases the individual should be flexible enough to adopt new techniques and new procedures for solving administrative problems whenever and wherever he finds them. The administrator who never changes his techniques can only appear to be successful when purposes and conditions remain unchanged, and this is unusual. The administrator who transfers from one field to another must also be able to adopt criteria for decision which are appropriate to the mission, and to reject criteria for decision which might have been appropriate for other missions but not for this one.

2. *Acceptability.* This implies acceptability not only to technical specialists and interested groups outside the organization, but also to others in the administrative process with whom his activities must be closely linked. Even when he transfers from one organization to another in the same



field, the individual must win the confidence and acceptance of others involved in the administrative process, and his ability to do so may depend on such matters as the prior image he has created, his personality and personal prestige, and his persuasiveness.

3. *Commitment.* Here we have in mind the psychological readiness of the individual to identify himself with the purpose of the organization, and to relate to those outside the organization who believe in that purpose. Commitment to one single professional field rather than to an organizational mission can lead to rigidity.

4. *Awareness.* By this we refer to the administrator's ability to identify the underlying assumptions he has been able to make in his old position and to recognize that these assumptions may not be appropriate in his new position. These underlying assumptions describe the political nature of an organization, for they deal with sources of power and authority. The individual who assumes that the political nature of all organizations is identical can make serious mistakes. The military administrator who successfully transfers to an educational position modifies his behavior to accord with the differing sources and balance of power and authority, just as the business administrator who serves in Washington learns that prior assumptions must be set aside.

The preceding analysis and our experiences which led to it have left us with the following convictions:

1. As organization-managing roles become differentiated from supervisory and organization-directing roles, the differences are not only of scope but also of quality.

2. As organizations become larger and more complex, we doubt that the best technician is necessarily the best candidate for a supervisory position, and we are even more

certain that the best supervisor is not necessarily the best candidate for a managerial position.

3. We feel that rigid requirements, such as certain kinds of professional degrees, unnecessarily restrict the sources from which administrators can be drawn and are therefore unduly restricting on the fields which need increasingly effective administration. The focus should be on administrative ability rather than on career history; on readiness for the new responsibilities rather than on competence in a prior position.

4. Finally, we would like to see more serious thought given to questions of the recruitment and training of future administrators. We doubt that schools—of social work, public administration, business administration, education, hospital administration, or in any other field—have squarely faced the question of what kinds of administrative abilities and qualities will be needed in the next decade or two and asked themselves how to select and prepare individuals for those future needs.

Imagination and innovation are as desirable in administration as in any other activity, and they are likely to become increasingly necessary as our organizations and their environments become more complex. We wonder whether administrative improvements and new insights are more likely to come from executives who move from one field to another, from those who are appointed from within a major profession on which the organization relies, or from those who move from managerial specialties within the organization. This undoubtedly is related to the questions we raised of acceptability, adaptability, commitment, and awareness, and probably varies with the evolutionary stage of the field, but we believe it warrants further study.

## THE ADMINISTRATIVE PROCESS IN A SOCIAL WELFARE AGENCY

*by Sue W. Spencer*

LESTER ROBB, executive of the Nashville United Givers Fund, shocked our students considerably when he said:

Social welfare is the only noncompetitive operation which our society allows to survive. We protect and keep alive poor, insignificant, inefficient, obsolete operations when we really should be going all out to support the good, healthy, contemporary services so that they can serve community need at an optimum level.<sup>1</sup>

Though we may not agree that the social welfare services operate on a noncompetitive basis, Mr. Robb's statement suggests the major tests for social welfare administration:

1. Can agency administration bring together, and mold into an effective instrument, the conflicting community values, the professional knowledge and skill, and the community resources to provide a high level of service to a designated area?

2. Can administration not only provide an efficient and economically sound service to a designated segment of the community, but also contribute consistently to the community-wide assessment of community needs and the projection of plans for meeting community needs effectively?

<sup>1</sup> Lester Robb, in an informal address delivered at the University of Tennessee School of Social Work, 1958.

The administrative process is essentially the same in all human enterprises, profit-making as well as nonprofit. It includes: determination of goals; acquisition of the resources; determination of policies and standards of service; allocation of resources in accordance with a work plan; maintenance of operations so as to produce the desired kind and amount of service; evaluation; and accounting for the use of resources. It begins at the point at which a service is still only in embryonic form in the minds of a group of people—when goals are being formulated and methods of achieving these goals are being weighed and estimates made of costs of program services—not after charters have been secured, boards established, or legislation passed providing for the new agency.

There are certain propositions concerning administration which have particular significance for the social welfare field. The first of these is that the administrative process is not limited to the intra-agency management of resources, nor to the fulfillment of an assignment made to the agency by an outside body. Instead it is seen as a continuous, circular process which involves securing resources and transforming them into a pattern of community service in accordance with expressed community will.

This definition of social welfare agency administration is in keeping with current administration theory which makes no sharp dichotomy between proprietorship as the policy-making body and management as the agent which uses the resources according to policies prescribed by proprietorship.<sup>2</sup> It is also in line with the general theory of systems and subsystems which sees any community enterprise (profit or nonprofit) as a subsystem of the community, acting, interacting

\* Francis X. Sutton, *The American Business Creed*, (Cambridge, Mass.: Harvard University Press, 1955).

with, and being kept in a state of equilibrium by, community forces to which it also contributes.<sup>3</sup>

There is general agreement that administration is the conscious direction of the internal relationships and activities of the enterprise toward the achievement of goals. In the view presented here, administration is also the conscious intervention in the interacting forces operating between the agency and the larger community of which it is a part.

If one accepts these propositions as setting the boundaries for the administrative process in social welfare, it follows that the agency has the primary right and responsibility, through its administrative process, to set its own objectives, policies, and program rather than merely to implement the plans which are made for it by a community-wide planning body. Certainly its selection of objectives, the rate at which it is able to achieve these objectives, and the ways in which its services mesh with other community services, should fit into a design developed and maintained at the community-wide level. Nevertheless, the administrative process within the agency should make the agency a participant in the development of the community-wide design, and it should provide for the continual reassessment and refocusing of goals, resources, and services of the agency.

A second proposition, and one which is essential to this approach to administration, is that the locus of the agency is the community and everything which the agency does should be focused on community needs and directed toward the intermeshing of its program with other agency programs to provide optimum service on a community-wide basis.

<sup>3</sup> Chester I. Barnard, *The Functions of the Executive* (Cambridge, Mass.: Harvard University Press, 1938), pp. 77-80.

Although our services have grown up agency by agency, and each has the legal right to raise its own funds and carry out its activities autonomously (within certain broad legal limits), everything which we are learning about agency behavior indicates that the community should exercise the controlling function in terms of the community good.

The problem is whether or not we can build into the agency administrative process on the part of every participant—board, staff, and clientele—an awareness of community needs so that agency behavior can be patterned accordingly. When this is achieved voluntarily, as a part of agency administration rather than through dictation from a community-wide or governmental body, and when it is achieved by the majority of agencies in any community, the result should be agency administration at a high level; it also should make possible the best type of community planning and coordination.

An interesting example of this focus of agency concern on a community-wide basis was observed in the spring of 1959 in the sixth-quarter course in administration and community organization at the University of Tennessee. This is the third in the sequence of required courses, and William Moynihan, Executive of the Nashville Family and Children's Service, had been asked to present for student discussion the major administrative problem or problems which his agency was facing. The following is a direct quotation of his phrasing of the problem against a brief background statement of the agency's history, resources, and present program:

1. Should an agency plan and budget and request funds from United Givers Fund for new services needed by the community even though UGF goal-setting barely permits maintenance of present program?

2. What portion of the cost of private agency services should be borne by clients? And by other or all non-UGF sources?
3. Should an agency proceed with plans for annual review and revision of salary scales, board-rates, etc., when expected income will not be adequate to cover the increases and both staff and volume of service would have to be reduced in order to make implementation of the increases possible?
4. To what extent is a private agency responsible to the community for volume versus quality of service?
5. How does an agency reconcile its need to finance its own program adequately with its conviction about the importance of other, newer agencies which are beginning to "compete" for the contributor's dollar? <sup>4</sup>

Note that his concern was expressed for the interrelatedness of this agency's service area to broad community needs.

Take another and much more complex example. At the present time, according to authoritative statements concerning the needs of the aging, the Federal governmental departments and bureaus must choose what to recommend to the President and to the Congress. Shall it be enough billions to raise the level of old age assistance and old age insurance plus an assurance of adequate medical care for the aging? Shall it be a crash program of research and education to discover ways of conquering the major chronic diseases? Shall it be a program to make possible and to encourage employment for large numbers of people beyond the age limits which the present labor market sets? If such staggering sums are taken out of our production economy through taxation, what will be the effect on the economy generally? How much of this particular type of welfare program can the country afford? How much should it be

<sup>4</sup> William Moynihan, Executive, Family and Children's Service, Nashville, Tenn., discussion materials prepared for Course 566, University of Tennessee School of Social Work, spring, 1959.

asked to afford? What is the best strategy for securing the goal which is eventually agreed upon?

This example and the earlier one concerning the local family and children's agency support the thesis that the administrative process should be concerned with all areas of community need and with increasing recognition of need and allocation of resources to meet community needs. Administration attempts to set priorities and to make decisions governing agency service in the context both of community need and of claims upon community resources.

If one accepts the propositions that agency administration involves more than the intra-agency management of resources according to an assignment made by an outside body and that the locus of the agency is the community, it is perhaps unnecessary to point out that administration is responsible for "provisioning" the agency, and that this, too, will be done in the community-wide context. However, because much of the fund-raising, both for voluntary and tax-supported services, appears to be done by an organization or an activity outside the agency, it may be well to note that in the final analysis the responsibility for securing the necessary resources rests with agency administration.

The importance of this phase of administration needs no underscoring. For unless the administrative process can assure to the agency that it will have essential money, manpower, and other resources, when and in such quantity as they are needed, all other aspects of administration fall short and the agency's general productiveness and efficiency are reduced. The means of securing the resources may be as direct as a financial campaign or a rummage sale. They may be as intangible as making sure that a staff member does not alienate a member of the community power structure or run



counter to local cultural patterns in handling a particular type of request for service—in other words, maintaining good relations with the public and rendering good service. If the funds are not raised by the agency directly, it is the function of administration to provide sufficiently convincing evidence to the fund-raising and fund-allocating body to secure an appropriate share of the community's resources.<sup>5</sup>

Finally, administration is responsible for optimum use of resources, and this requires the creation of an appropriate organizational structure, the maintenance of channels of communication, and the facilitation of sound and productive human relationships within the agency. It is the function of administration to maintain equilibrium within the agency, taking into account informal as well as formal groupings, and to enable the agency to maintain an effective relationship with the other agencies and with the community.

To summarize, three ideas have been suggested:

1. The administrative process is the same for all types of human enterprise and it involves the selection of goals and the formulation of policy, and the procuring of resources as well as their proper utilization in agency operation.
2. The locus of the agency is the community, and the agency administrative process should be concerned with community-level needs, resources, and services.
3. The setting of agency goals and priorities should, therefore, be done in the context of what furthers the community's ability to deal with its own social welfare needs as a totality rather than in the narrower framework of what furthers the agency's status and special interests.

What differentiates the social welfare enterprise from

<sup>5</sup> Jesse Burkhead, *Government Budgeting* (New York: John Wiley and Sons, Inc., 1956), pp. 45-50.

other types of enterprise (and hence directly affects the administrative process) is the fact that the social welfare agency is socially sponsored, socially focused, and socially accountable rather than privately sponsored, profit-focused, and privately accountable. In its simplest form the social welfare agency comes into being because several people see an unmet need, want to meet that need, get community permission to meet that need, and accept legal responsibility for seeing that the resources secured, or made available, are used for the specific purpose for which they were given rather than for some other purpose.\*

Reference has already been made to the network of inter-related services which are to be found in any community, and these may be termed the "community welfare system." The current effort in any community to relieve conditions of involuntary dependency, to provide a particular level of subsistence, and to enhance individual, group, and community life may be referred to as the "social welfare function" of the community.

In the typical community, gaps exist between services, and there is often a wide variation between the degree to which services of the same quality are available to different groups that have the same needs. Nevertheless, it is possible in any community at a given time to observe a lower level below which the community will not tolerate lack of service or poor quality of service, and an upper limit beyond which it will not consistently support services. Although the lower and upper limits generally present uneven rather than straight or level lines of demarcation, this range can be charted. Borrowing a phrase used by William H. Whyte, Jr.,

\* Peter F. Drucker, *The Practice of Management* (New York: Harper and Brothers, 1954), p. 21.

in a somewhat different sense, this set of prevailing values may be termed "the community social ethic";<sup>7</sup> that is, whatever the majority of the people in a community accept as fitting and right in respect to what an individual may claim in the way of protection or relief, or of services which will enable the individual to fulfill his potentialities.<sup>8</sup>

Over a period of time, and in an expanding economy, the community social ethic will tend to allow an increase in the range and quality of the community welfare services. Speaking of the health services, for example, Max Lerner points out that "what once had been deemed the province of the rich, following World War II, became a necessity for all classes"<sup>9</sup> and that within another generation we may well see in this country "a gridiron intermeshing" of public and voluntary health services which will offer complete protection for all groups.<sup>10</sup>

Two aspects of this concept of the community social ethic are worth noting. First, agency administration may contribute to the change in the level of the community social ethic. What certain agencies do in the way of community service, and what they tell the public about why they do what they do in the particular way in which they do it, may have a direct effect on the community's value system and, eventually, on what the community will support or demand in quality and quantity of service. This is in keeping with the thesis that the locus of the agency is the community. If this is accepted, then social welfare administration may appropri-

<sup>7</sup> William H. Whyte, Jr., *The Organization Man* (New York: Doubleday Anchor Books, 1957), pp. 7-11.

<sup>8</sup> Paul Deutschberger and Sue W. Spencer, "Social Work Administration" (unpublished manuscript) Chap. 5.

<sup>9</sup> Max Lerner, *America as a Civilization* (New York: Simon and Schuster, 1957), p. 124.

<sup>10</sup> *Ibid.*, p. 126.

ately be concerned with improving, or raising, the community social ethic.

Such an assumption recognizes the validity of social welfare's affirmation of certain values as being more desirable than other values and of consciously seeking to modify the community's attitudes in these areas in order to facilitate the achievement of social welfare objectives. This is similar to what is done by administration in other types of enterprise and is not unique to the social welfare field.

If the agency is to engage consciously in the attempt to bring about such changes in the community value system, the current findings of social scientists are pertinent. Their studies reveal that resistance to change derives not so much from unwillingness to try new ideas as from the threat which the proposals make to the continuity of functioning (or role fulfillment) of the people who would be directly affected by the change.<sup>11</sup> We in the social welfare field know that you do not bring about real change by simply battering down people's resistances or "sweet talking" them into taking something they do not want. Rather, people must believe that the proposed roles, attitudes, or behavior will give greater satisfactions than those which are being given up.

The second aspect of this concept of the community social ethic, as we are using it here, is that social welfare programs frequently are caught squarely in the middle of conflicting values or appear to run counter to values which have a particularly high emotional affect for large groups of people in the community. Robin Williams describes value as a continuum rather than an all-or-none matter, shading from "those intense and rigid moral values that are true matters

<sup>11</sup> Ronald Lippitt, Jeanne Watson, and Bruce Westley, *The Dynamics of Planned Change* (New York: Harcourt, Brace and Co., 1958).

of conscience" which when violated subject the individual to strong guilt and strong group censure, into "those evoking less intense guilt and less severe social sanctions."<sup>12</sup> These latter he identifies as "aesthetic standards, conventional proprieties, and simple norms of expediency or technical efficiency."<sup>13</sup>

Some of the aspects of human life with which social agencies deal have great emotional affect, so far as community values are concerned. For example, society feels compelled to protect itself in such areas as the proper rearing of children, the care of the sick or helpless members of the family by the family rather than at public expense, the necessity for people to be economically productive rather than dependent, and the protection of life and property against attack or loss. The social welfare agencies, by and large, have the same long-range goals as those which are generally held by the public: the provision of good home life and rearing of children; the fulfillment of personal and financial responsibility to one's dependents; the development of one's capacities for useful living; the humane care of the sick and helpless; and the curbing of crime and delinquency. There is little, if any, difference between the long-range goals of society and those of the social welfare services. The difference or gap occurs primarily through lack of understanding of the methods being used or of confidence in these methods to achieve their ultimate objectives.

When the social welfare services not only appear to be ineffective means of safeguarding society's welfare but may actually appear to stand in the way of society's achieve-

<sup>12</sup> Robin M. Williams, Jr., *American Society: a Sociological Interpretation* (New York: Alfred A. Knopf, 1951), pp. 375-76.

<sup>13</sup> *Ibid.*, p. 376.

ment of its goals, the social welfare agency may deflect the community's disapproval from the individual or community group on to itself. Examples of areas in which the social welfare agency's program may operate in violation of accepted community values, and thus draw upon itself the community's displeasure, may be observed in child welfare when Aid to Dependent Children grants are continued in homes which the community considers grossly unsuitable, or in the area of corrections when medical and psychological services take precedence over punishment. In both situations the community wishes to protect itself from damage or loss which will result unless the individual's behavior is brought into line with community standards. Only as social welfare programs can be proved to produce the desired results will the community support the program.

The task of social welfare administration, then, is to utilize the best knowledge and skill available to help the community achieve its own goals in the agency's designated sphere of activity and to help the community raise its sights in relation to what the community recognizes as affecting its own social welfare. This requires an understanding of community values as well as skill in determining community will and in projecting the agency's program at as high a level as possible in view of the community social ethic. In this context social welfare administration would also include the constant search for more effective methods of service and would give more attention to improving community understanding of its goals and services.

As already indicated, the social welfare agency is the product of community desire to meet a community need. Though the structural relationship between a community and its social welfare agency staff varies somewhat, in every

formally organized service there is a body of citizen-representatives who take responsibility for establishing the specific compass of the service, for securing and transmitting funds, and for accounting to the community for the agency's use of its resources. In voluntary agencies this is the board of directors. In governmental agencies this may be a commission, though frequently these functions are actually carried by the legislative branch of government and by the chief executive and his "cabinet." In addition, the various aspects of the public's concern may be further represented by pressure groups or lobbies.

Much has been written about the community power structure and the fact that, in the final analysis, many important and far-reaching decisions concerning the community's services are made by a relatively small group of individuals whose power comes primarily from their success in the business or political sphere.<sup>14</sup> The vesting of such authority in the hands of so few people in a democratic society may appear to be an anachronism.

Yet two factors operate in our society to provide broader channels for the expression of public will. The first is the general practice of selecting to membership on boards and commissions a somewhat broader and more diversified citizen group than the power elite to represent the public interest in the management of our health, education, and welfare services. The second factor is the spontaneous development and national scope of many special-interest groups composed of persons with a direct and vital interest in a particular problem. Typical of such groups are the

<sup>14</sup> Floyd Hunter, *The Community Power Structure* (Chapel Hill, N.C.: University of North Carolina Press, 1953); also C. Wright Mills, *The Power Elite* (London: Oxford University Press, 1956), p. 277.

organizations of parents of blind or mentally retarded children.

If we add to these such groups as the veterans' organizations and the labor unions, the sphere of citizen participation in shaping our welfare services is still further enlarged. The concern of the taxpayer, and the voluntary contributor, for the use which is made of his dollar affects at least indirectly the projection and maintenance of the social welfare services.

Decision-making on welfare matters by all four levels or types of groups (the power elite, the administrative boards, the special-interest organizations, and the total citizenry who provide the resources) will reflect trends in popular attitudes and opinions. Some of these conflict with each other and have to be reconciled; some are at variance with those held by the agency's professional staff. Among those which reflect popular concepts and values are:

1. The wish to do for needy people and expecting them to appreciate the help
2. The wish to help only the "worthy" and to punish the "unworthy"
3. The high value set on certain methods of controlling or changing human behavior
4. The maximum emphasis on internal efficiency of agency operation rather than on concern with the way in which the agency is serving the community
5. A lack of confidence in the professional expert in the field of social adjustment and community welfare

The very fact that such opinions and attitudes still have considerable popular support highlights the value of citizen participation in policy-making, either as members of boards



or as members of governmental legislative bodies, if for no other reason than to assure that the agency will stay in close touch with its public. However, conflicts do arise, either between individuals or groups within the board or between board and staff. Prolonged and unresolved conflict can seriously impede the agency's development and service. Sharp breaks within the leadership can set the agency back and can actually lead to its destruction.

The executive in all types of enterprise is expected to be skilled in the decision-making process itself. Various authorities in the field of administrative theory give a variety of labels to this skill. In educational administration, for example, and in business administration also, this is often referred to as the "problem-solving" approach to administration. In social work the term "enabling" has been used to identify its similarities to social casework or social group work methods.

Reduced to its simplest terms, executive function when faced with a problem of conflict within the board: (a) sees that the full range of opinions is brought out against a background of fact, including the explicit objectives of the agency; (b) provides the grounds for reaching an agreement through a process of clarification; (c) sees that consensus is reached, if possible; (d) points out the consequences of any action based on the decision which has been reached; and (e) motivates the group to take action which is responsible. This means that the executive function makes explicit, as the grounds for administrative action, what was formerly implicit and unchanneled. (It should not be necessary to point out that throughout this process the activity of the administrator is a facilitating or enabling one in which he

works with the chairman and members of the group to secure appropriate consideration and decision.)

Urwick has pointed out that true leadership is the ability to reconcile differences at the point of action.<sup>15</sup> A crucial test of leadership occurs when it is not possible for the board to reach a decision to which all can subscribe. In such instances, an individual or a group may actually not be willing to continue to participate on the board. Executive function has the responsibility for seeing that the consequences of such action are understood by all the parties concerned and for facilitating a reconsideration, if this is appropriate. (An annotated bibliography on the decision-making process has been published.<sup>16</sup>)

In regard to the degree to which boards do represent community opinion, Rossi has pointed out that when an individual is asked to take the role of community representative and to be a decision-maker for the community, he tends to take a rather broad view of the community and its problems rather than to speak exclusively either from narrow personal interests or from limited class identifications.<sup>17</sup>

Of particular interest to the social welfare field are the vision and effective action of certain recent Congressional committees, particularly in the matter of programs of research and training in the health field in recent years. Such reports as that of the Senate committee on the appropriations requests of the National Institutes of Health illustrate

<sup>15</sup> Lyndall F. Urwick, "The Obstetrics of Leadership," *British Management Review*, XIII (1955), 75-89.

<sup>16</sup> Paul Wasserman and Fred S. Silander, *Decision-making: an Annotated Bibliography* (Ithaca, N.Y.: Graduate School of Business, Cornell University, 1958).

<sup>17</sup> Peter H. Rossi, "Community Decision-making," *Administrative Science Quarterly*, I (1957), 415-43.

this point. The following is picked almost at random from the Committee report:

In view of progress in medical research, leading to gains in humanitarian and economic terms that far outweigh the cost in money, the committee must again reiterate that it will continue to insure that lack of money will not be permitted to impede the advancement of medical research in this country. Moreover, the committee will continue to recommend funds ample for the training of scientists and for the construction of research facilities so that the Nation can have a well balanced and progressively stronger medical research effort.<sup>18</sup>

Since the great bulk of social welfare services is carried on under public auspices, the patterns of citizen-professional collaboration in government are of primary importance. Appleby's delineation of decision-making at the Federal level is particularly useful:

The process of democratic public administration is one of group judgment at each hierarchal level, judgment of groups of levels, group judgment subject to review, modification, revocation, and punitive action in any one of the many higher levels as consequences of the judgment's having come to bear upon citizens and having become subject to the reaction of citizens. It is a process in which facilities of appeal and levels of review are more numerous, various, and open than in any other action-laden process yet devised. It is a process carried on in an environment more critical and more politically active and potent than the environment of any other administrative process. It is a process in which the pattern of responsibility runs to public representativeness of many kinds and roles, to subordinates, to associates in the same unit, to contiguous and related units with somewhat different responsibilities, to higher executive levels where repose broader responsibilities; it runs outward to special publics, out-

<sup>18</sup> Senate Committee on DHEW Labor Appropriations Report on Requests of National Institutes of Health for 1958-59, dated June 17, 1958 (Bethesda, Md.: National Institutes of Health, 1958).

ward from higher levels to other and larger publics, outward and upward from executive agencies to the Chief Executive, to the Congress, and to the general public.<sup>19</sup>

In summary, we have noted that the social welfare agency structure offers many opportunities for the community representative, be he board member, elected public official, or special-interest representative, to share with professional staff in policy-making and programming for the agency. The melding of citizen and professional values, knowledge, and skill in the policy-making process requires rigorous self-discipline on the part of all participants. It is perhaps the most challenging and demanding aspect of social welfare administration. When achieved to a high degree, it is valuable to the agency and is a satisfying and rewarding experience for the participants.

Fifteen years ago, Arlien Johnson pointed out that the social welfare field could and should make greater use of the technical knowledge of management which was being developed by both business and public administration, while continuing to recognize the importance of human relations within both the structure and the process of agency administration.<sup>20</sup>

In my view, the social welfare field has improved its administration along the lines suggested. It is interesting to note, however, that the major additions and enlargements in general administration theory in the past 15 years have been in the areas which are central to the concerns and understanding of the social welfare field. I refer to the litera-

<sup>19</sup> Paul H. Appleby, *Morality and Administration* (Baton Rouge, La.: Louisiana State University Press, 1952), p. 251.

<sup>20</sup> Arlien Johnson, "The Administrative Process in Social Work," in *Proceedings of the National Conference of Social Work, 1946* (New York: Columbia University Press, 1947), pp. 249-58.

ture of administration on the theory of systems, on executive leadership, on the decision-making process, and on the whole area of human relations. All of these are areas in which our knowledge should serve us in good stead—knowledge of the complexity of individual and group behavior, of motivations, of the freeing of individuals to operate with as much autonomy as possible within the agency structure, and of how social change comes about. To put the matter quite simply, this side of administration is one with which we feel right at home and which at the same time is sufficiently advanced to offer to most of us the excitement of having to reach for its meaning and significance for our practice.

Perhaps I too should caution against our being carried away, at this time in our history, with what is fascinating and illuminating in this aspect of current administration literature. Fritz Morstein Marx has proposed the idea that administration must meet four essentials: rationality, responsibility, competence, and continuity.<sup>21</sup> Administration is said to be rational when it involves the conscious use of means to achieve explicit objectives. It is the attempt to substitute choice for chance on every level of agency operation. Administration is said to be responsible when it develops policy in the light of a well-based and accurate knowledge of the technical issues involved and exposes its operations to existing preferences in the community. Administration is said to be competent when it meets five requirements: technical proficiency, equity, explicitness, appropriateness, and efficiency. Administration meets the criterion of continuity when it provides at least a minimal standard of

<sup>21</sup> Fritz Morstein Marx, *The Administrative State* (Chicago: University of Chicago Press, 1957), pp. 34-53.

service despite any contingency and under any circumstances.

Skill in executive function is measured by the degree to which the administrator can exercise rational control over his own participation in the intra-agency process and in community level activities. Brooks Adams describes administration (or executive function) as:

the capacity of coordinating many, and often conflicting, social energies in a single social organism, so adroitly that they shall operate as a unity. This presupposes the power of reorganizing a series of relations between numerous special social interests, with all of which no single man can be intimately acquainted.<sup>22</sup>

Thus, executive function requires the ability to stimulate and free those who participate in the agency to use their abilities to the fullest, to reduce tensions and unproductive conflicts, and to provide for all groups involved a seeing of the project as a whole and a seeing of it in its proper relationship to other forces, past, present, and future.

It is a common concern within our contemporary society that we will be overwhelmed as individuals by the very magnitude of our administrative organizations. And yet it is only by means of these organizations that contemporary society can bring to each one of us, as individuals and in our small groups, the satisfaction of our basic needs. It is in this process that the quality of social welfare administration can make a major difference. It can be the deciding factor in whether or not we preserve human values in attempting to meet human needs.

<sup>22</sup> Brooks Adams, *The Theory of Social Revolutions* (New York: Macmillan, 1913), pp. 207-8.

## ORGANIZATIONAL PRECONDITIONS FOR RESEARCH

by David G. French

IT IS JUST ten years since the Social Work Research Group, now the Research Section of the National Association of Social Workers, created the Committee on Research Function and Practice. The directive to the committee was "to define the role of the researcher in social work and his relationship to the administrator and practitioner." That committee, under the chairmanship of Margaret Blenkner, produced the report, *The Function and Practice of Research in Social Work*.<sup>1</sup>

Many of us who worked on that report saw its importance in providing a standard to which we could repair in battling for the proper place of, and proper protections for, research activity in social work. It has served this purpose over the past decade. But during this time the battleground, if such it can be described, has been transformed to an extent few of us anticipated ten years ago. Today there is no need to insist on the contribution that research has to make and the need for specially qualified personnel. Research is not only accepted, it is lionized. But in spite of ascending status and much increased financial support, many of the old problems of the role and function of research in social work persist and

<sup>1</sup> New York: National Association of Social Workers, 1955.

new ones have arisen. This discussion stands in the line of development initiated by the old Committee on the Function and Practice of Research in Social Work.

I shall examine one aspect of the general problem addressed by the Committee on Function and Practice, namely, the organizational preconditions for research in social work. My presentation shall be organized around a series of propositions which, while not exhaustive, set forth what in my opinion are important organizational preconditions for realizing the contribution which research can make to the tasks of social work as a profession and to the tasks of social welfare institutions. The propositions have been derived through a process of observation and theorizing and borrowing which I long ago gave up trying to retrace. I have been guided in their formulation primarily by the paradigm for structural-functional analysis given by Talcott Parsons in *The Social System*.<sup>2</sup>

1. Research undertaken to extend or validate general knowledge underlying social work practice or administration or planning should be distinguished from research undertaken to contribute information relevant to particular decisions confronting a practitioner, administrator, or planner.

The reason for starting off with this proposition, which is definitional, is that it focuses our attention on different functions which call for somewhat different competencies and different standards of appropriate behavior. The func-

<sup>2</sup> Talcott Parsons, *The Social System* (Glencoe, Ill.: Free Press, 1951). For a more detailed description of the concepts and units of social system analysis as applied to research in social work, see David G. French, *Social Work and Social Science: an Analysis of Their Relationship*, doctoral dissertation, Department of Sociology, University of Michigan, 1960 (Ann Arbor: University Microfilms, Inc. 1960).



tions call also for different roles and different institutional supports.

I propose to designate as "social engineering" the fact-gathering, analysis, and weighing of administrative, professional, political, and other considerations entering into a specific decision, and to differentiate this from "basic research" and "applied research," both of which seek to arrive at generalizations about a class of situations. The person engaged in social engineering employs the tools of scientific inquiry for his particular purposes, but the bearing of his investigation on a wider class of situations than the particular one confronting him is incidental to his main purpose. Furthermore, he appropriately includes recommendations for action as a part of his responsibility.

I shall omit from the ensuing discussion social engineering and the organizational preconditions which support this type of activity. The organizational preconditions for social engineering are different from those required for basic or applied research and call for separate treatment.

Let me anticipate some of the dissent which this statement may arouse by acknowledging that in practical situations the distinction between social engineering and basic or applied research may be difficult to draw. Any inquiry may serve the function both of extending general knowledge and of contributing to decision-making in a concrete situation. However, in any particular situation, if the function of extending knowledge is secondary to that of arriving at a decision, then the function can best be provided for through a role which is guided primarily by practice or administrative or planning considerations. If the function of knowledge extension is primary, then it should be provided for through a role which is guided primarily by the knowledge, attitudes, and

standards of scientific work in the field under investigation.

2. Research in social work may usefully be considered as applied social science, thereby linking it with a broader range of scientific effort than that undertaken in regard to specifically social work problems.

We use the term "science" in two ways: to describe both a process through which knowledge is accumulated and tested and reformulated and also the body of knowledge which has been derived through this process. Science as a process means research. The scientific process may be directed toward extending and refining the body of knowledge which is represented by the various scientific disciplines which have emerged in the course of the development of science as a distinct enterprise of Western culture, in which case it is basic science or basic research. Or it may be directed toward extending and refining the body of knowledge on which a field of practical endeavor bases its actions, in which case it is applied science or applied research. The central feature which characterizes a basic science is a distinctive basis for abstracting from, and organizing observations about, the empirical world. The central feature of an applied science is a distinctive set of problems which are posed by the tasks of a particular field of practical endeavor. Research effort in social work which is directed toward testing, refining, and extending knowledge for the tasks of social work represents applied science, and it is this function for which I propose to consider the organizational preconditions.

3. Formalization of the roles and the role structures in social work through which applied research functions are carried out and coordinated with other functions must accompany the increasing use of research in social work.

Research workers have been introduced into social work

organizations with more attention being paid to goals and objectives than to the specialized attributes of the research role and its relationship to other roles in the organization. Absence of a formalized role, with the accompanying role expectations and role supports, places on the research investigator the need to find supports and sanctions for his activities on the basis of particularistic relationships with social work colleagues and persons in leadership positions. He is always vulnerable, furthermore, to the charge of imperialism if his activities seem to go beyond what some colleagues may view as research. While it is inevitable that there be a lack of clear role definition in a period when new functions are being introduced, and with them new roles, failure to develop clear role expectations and the accompanying institutional supports poses such strain on the incumbents of those roles that after a period of time they withdraw from them.

The allocation of responsibilities and rights associated with a new role frequently is achieved at the expense of existing roles. Administrators have a natural tendency to minimize the impact of this kind of reallocation. The consequence of not dealing forthrightly with the problems accompanying shifts in relative status and access to rewards, however, may well be to undermine the new research role to a point where it is not viable.

4. The values and standards of performance which support good research are different from those that support good practice, and recognition and acceptance of these differences must be reflected in the criteria for evaluating and rewarding performance in research roles in a social work organization.

I am not able here to consider specific differences in pro-

fessional norms as well as in the attitudes, knowledge, and skills which are associated with research roles in contrast with other roles in an organization. Suffice it to say that there are distinctive norms and value orientations associated with the research role, and that they are not easily acquired or easily suspended. They are the result of a long period of training and indoctrination and relate, not just to a particular job, but to a career.

Let me cite a single illustration which reflects differences in professional norms adhered to by persons whose primary training has been in research and scientific work rather than in practice. A social scientist who took a research position in a social agency was greatly irritated by the stress on "channels" in the agency. He commented: "A social scientist makes decisions and takes responsibility for them. He doesn't have to clear with the supervisor or administrator or committee. Social workers always want to get clearance with other people. Social work is politics."

It is very true that social workers place a high value upon acting responsibly within the policies of an agency. It is essential that there be channels for ascertaining or clarifying agency policy and that they be followed. Social scientists, on the other hand, place a high value on the autonomy of the research investigator with respect to matters affecting his research. To apply the social science norm of autonomy in a social agency, or the social work norm of conformity with administrative directives in research, would be to threaten a cornerstone of each field. Indeed, the function of the research worker or of the practitioner would very probably be undermined by the application of inappropriate professional criteria to either role.

This means that differential standards for evaluating and

rewarding performance in research and practice roles must be formally accepted and recognized in an organization which is pursuing research activities as well as providing services.

5. When an agency which has been developed primarily to provide services undertakes research, it should do so on the basis of an explicit broadening of its function.

One of the consequences of the increased financial support for research in social work over the past decade has been that agencies have obtained special grants for research. Sometimes these research projects are considered extensions of the service program of the agency and are placed under the direct supervision of persons whose professional and administrative responsibilities center in the production of services. An enlightening contrast to this pattern is that represented by the Institute of Welfare Research of the Community Service Society (CSS) in New York City. The Institute at the time of its establishment was given separate identity in the administrative structure of CSS, and in its subsequent development there has been a direct relationship between the Institute and the top administrative and policy officials in the organization. It has been possible to defend projects undertaken by the Institute, not on the basis of their immediate relevance to operating concerns in the agency, but on the basis of adding to knowledge which is related to the ultimate goals of the agency.

In consulting with agencies about launching research activities I have noted that their motivation has frequently been that of bringing prestige and indirect benefits to the service program of the agency. The prospect of a relatively independent unit which will compete for agency resources

and professional status and recognition sometimes cools the ardor for research.

It is evident that not every agency will be in a position to undertake research to add to general knowledge in its field as part of its function. Agencies that wish to undertake this function must recognize and weigh the demands which this extension will make on their resources.

6. Conflicts arising in regard to the special requirements of research functions and service functions must be resolved by appeal to a more inclusive set of standards than those which govern either science or social work.

A frequent type of difference between research-oriented and service-oriented persons in an agency arises when the research worker's desire to withhold service in the interest of a research design runs counter to the practitioner's desire to do the best that he can within the resources available to him. It is not a casual matter to ask a professional person to suspend a standard when suspension on any wide scale could undermine the professional ethic and endanger client or community confidence in the agency. Nevertheless, in the interests of advancing knowledge, and presumably the welfare of clients in the long run, it may be necessary to withhold services. This kind of problem can be resolved satisfactorily only when there is adherence by both research workers and professional practitioners to a common set of values which puts long-term benefits ahead of more immediate ones.

I believe that formal participation by representatives of the community or society can facilitate the resolution of conflicts between scientific and professional standards or goals. At the policy level where research priorities are being as-

sessed and the requirements and costs of alternative approaches being weighed, there is great validity, in my opinion, for the point of view of the nonspecialist. We might well pay more attention, when we construct research advisory committees, to providing representation of the nonspecialist who has commitments neither to the specific activities or techniques of professional social work nor to the specific activities or methods of the research worker.

7. It is necessary to develop organizational arrangements in social work in which the social controls of scientific inquiry are made operative for persons who are carrying research responsibilities in social work.

Continuing adherence to the goals and standards of research calls for more than sound training. It calls for the exercise of various types of social controls through which the individual investigator is fortified in his adherence to the standards of scientific inquiry. To mention only one example, a major type of social control in scientific work is the responsibility for publication—reporting sources of data and making data available to one's peers for verification or analysis. There is also the well-institutionalized process of critical review of published research work. While publication is highly regarded in social work, there is not the same premium placed upon it as in the scientific disciplines. Nor is the hammer-and-tongs type of critical analysis of published work well established and accepted in social work, as it is in the social sciences. Indeed, in social work a good deal of stress is placed upon the confidential nature of certain materials, avoidance of sharp conflict with one's professional colleagues, and submergence of individual differences in the interests of the public relations of one's agency.

It is not easy to create in an already well-structured field

such as social work a place for the organizational structures and the attitudes and behavior patterns which have evolved in the scientific disciplines over a long period. It seems probable that advances in this direction can be made most easily by associating research work in social work with institutions where the protections of science are already well established. Specifically, this means that the university setting is particularly appropriate for research which is directed toward the task of extending knowledge relative to social work practice and policy. The professional schools of social work have a special responsibility in this connection. To carry out this responsibility, however, they must become much more closely integrated with the larger university community than has been the case in some of our professional schools.

During the past decade we have seen the development in several schools of social work and in several agencies of special units devoted primarily to a wide range of research tasks in social work. The centers at the University of Chicago, the New York School of Social Work, and Bryn Mawr and the programs at such institutions as Western Reserve, Washington University, University of Michigan, University of California, and Brandeis University come readily to mind. Among the agencies one can point to such veterans as the Community Service Society and Jewish Family Service of New York City, the Marriage Counseling Center of Philadelphia, the Judge Baker Child Guidance Center in Boston, and many others.

The organizational arrangements and policies of these schools and agencies reflect the historical circumstances out of which they developed and the particular professional and scientific interests of those who have been active in the programs. It is possible, however, to analyze these programs in



light of the organizational conditions dealt with in the propositions I have stated. Such an analysis has not yet been done, except in a spotty and incomplete way. I suggest that this is one of the pieces of unfinished business of the old Committee on the Function and Practice of Research in Social Work, and for my part I hope to continue to work on the execution of that committee's initial and ever broadening assignment.

## THE MARGIN OF MALLEABILITY

*by Richard F. Cleveland*

"MARGIN OF MALLEABILITY" is a convenient term to describe the degree to which any person, situation, or institution can be changed. One of the measures of a person's wisdom is his or her capacity to appraise whether the margin of malleability is wide enough to yield favorably to the tools and time available. Heroes undertake tasks too great to be accomplished, but we are here talking about the statistical likelihood of getting something accomplished with the resources at hand, by ordinary people in ordinary circumstances. It is the first part of wisdom not to waste resources of time, personnel, and money if a project appears to be against the reasonable odds of success. I am not opposed to heroic deeds, and indeed once in a while a quixotic undertaking, doomed to failure, can dramatize an issue. Generally speaking, however, drama should be left to the world of make-believe.

One application of this thesis is that we cannot make progress unless the procedures we advocate are widely enough acceptable to attract community support. Everybody has a good word to say for facts as the basis for program and action. A fact too often overlooked is that many people, including some in high places, are stupid, lazy, ignorant, or indifferent. We may fervently agree on a subjectively sound measure; but unless the working majority

of persons affected recognize its merit, we cannot implement the measure. Indeed, we should not implement it, even if we had the absolute power to decree it, until the mind and will of those affected accept it. Needless to add, the non-acceptance, or unawareness, or indifference must not be permitted to slow down the campaign to condition the climate. The heroism that gets results is patient, undramatic persistence in a solid cause. Premature emotionalism, however sincere and however justified, contributes to the harm that good men do.

Contrast in this context the remedial measures advocated by professional social workers and enlightened laymen with remedial measures worked out by medical research. If a drug or a procedure helps a patient, that is the sole criterion. It matters not that the medical profession in general is indifferent or hostile so long as the patient responds favorably. On the other hand, however sound a procedure may be devised by social workers, it cannot work unless the public that will be affected by it accepts it.

Recently I heard a sensible man talking about a proposed municipal loan to expand and improve Baltimore's famous Walters Art Gallery. He stated the simple truth that the loan would be approved only if the city officials were convinced that a majority of their constituents wanted it. In such a case, it is the essence of democracy to wait for the majority to catch up, which is frustrating for those of us who know what is good for everybody, whether everybody knows it or not.

Simply stated, this is only the familiar difference between the pure sciences and the social sciences. It is only fair to add, hastily, that this distinction is usually more readily recognized and accepted by professional social workers than

by their lay entourage. I am not privy to the curricula of schools of social work, but I suspect that by whatever name there is a course in what one can and cannot accomplish...

While a professional is often wiser in this respect than the layman, I recently had a vivid example of the reverse. One of the most acute professionals in the field was staffing a study of an old-line family agency. He knew exactly what that agency was doing wrong and what its program and procedures should be to do the most good in its community. His research in the literature and in the field was deep and superb. But the board of the agency had little understanding of what he was doing, and much of what they did understand they did not like. The agency is accepted in its community through its generally conscientious board; they are respected; they are able to attract financial support. They are a logical, natural board for this agency in this community. My professional friend was baffled and frustrated. He really was surprised that the board was not alert to recognize and act upon its larger potential contribution. The fact he overlooked, despite the hundreds he dug out and ably presented, was that lay boards cannot be expected to respond, automatically, to his findings as the human body might respond to a beneficial drug.

One of the secrets we rarely talk about is that a board professionally knowledgeable in its field might well fail to include in its membership persons in the community with enthusiasm and standing sufficient to keep the machinery oiled. And, of course, the moment we use the term "lay board," by definition we are talking about people whose center of gravity and attention is elsewhere, or at least divided between family, business, and other demands. There are boards and boards, to be sure, and everybody knows

that the ideal board member is a combination of serious student and representative citizen; but usually this contribution is a total of two people. Again, there are professionals and professionals. The wise head of staff first tries to attract a helpful board, but also he deliberately undertakes a campaign of unobtrusive enlightenment. Unhappily, there are not enough good professionals or good board members to go around.

It is notorious that reformers are unrealistic. Often, however, they are right and the public is wrong, so it is more accurate to say that the public is unrealistic. Epithets do not help either way, however, and our pervading problem is to close the gap between the advanced thinker and the unaware or indifferent public.

Specifically, how do we go about bridging this gap, implementing enlightened social measures which are dependent on public acceptance? Public acceptance often means enactment by state or municipal legislatures; but political bodies respond to public opinion, so that if our goal is public opinion we will usually have automatically taken a big step toward governmental acceptance.

First, we reformers must be sure that our objective is enlightened and practical. It is unfortunately true that social workers, lay and professional, are widely regarded as impractical and impatient, and I know that many a worthy project for improving the human race is indeed unworkable in our unenlightened world.

The ultimate in wisdom, according to the Greeks, is to know in advance how things will turn out. This is often instinct instructed by experience, and we wise people find it difficult to explain our skepticism to a zealous extremist. A familiar battleground is in the field of public housing.

The advocate sees the miserable living conditions which cannot be expected to produce decent, healthy citizens. The skeptic replies that if you put one of those families in a better house the house will soon be pulled down to the level of the family. There is no ready answer to this problem; and all it does is to illustrate how hard it is to be sure a project is wise and workable. Professional training has done much to moderate emotional projects, but I sense that in some quarters the impatient reformer is still unfamiliar with the old Latin expression, "with how little intelligence the world is run." Emerson wrote of what wonders could be brought about if God let loose a thinker on this earth; but to accomplish what Emerson vaguely dreamed of, the thinker would also have to control the press, the schools, and all other media of communication for a couple of generations.

We saw this gap in a bright light during the liveliest days of Franklin Roosevelt's brain trusters. Business men, with good reason, complained that they did not want their business ruined by measures improvised by a young college professor who had never had to meet a payroll, who could not feel (they should have said) the day-to-day pressures, the complicated fabric of business life. The young professor, with equally good reason, was scornful of the business man's preoccupation with the mere pursuit of money. Causing many of these gaps in understanding there is also a vested material interest, resisting change. No one likes a new idea which will cost money.

Now social workers, lay and professional, are often isolated at one side of this gap. If social workers are indeed sometimes suspect, it may help to inquire the reasons. Partly, I believe, it is a remnant of the conception, once

valid, of a social worker as a meddler. The client now comes to the worker; but not so long ago the frustrated female reformer looked for good to do, whether the customer wanted help or not. On the other side of the gap are the people who still like to believe that a motherly neighbor or the policeman on the beat knows best how to take care of community problems. Active social workers would be surprised to learn how many people *still* feel that social work is meddling, in much the way the same people talk of foreign missionaries as meddlers.

The best of professionals must be on their guard to resist the temptation smugly to suggest their superior knowledge, or to wear an air of condescension. Some outsiders even react unfavorably to the jargon of social workers, who like to talk, for instance, of sharing their thinking.

Perhaps all of the problem of the gap between advocates of reform and the public derives from the fact that all reformers by definition threaten a change in the status quo, a change which is resisted by inertia almost regardless of the merits, and often by active resistance if the change impinges on a vested interest.

I have said we must be sure that a project is sound before we face the obstacles in the way of implementing it. This is so obvious we mention it only for completeness. Once there is agreement on the project, it must be promoted to the sometimes unsuspecting public, both private and official. While the separate functions of planning and promotion are different, they require the same combination of arts and skills, and the joint efforts of the same people, to be successfully performed. This leads into what I believe to be the heart of productive social work. This is the relationship among, and relative contribution of, professionals

and concerned laymen. The work of a community welfare council furnishes a good pilot operation in which to examine this relationship because of the variety and the volume of the material.

Typically, the board of such a council consists of a few ex-officio professionals from the highest level, a few ex-officio laymen currently at the head of the major public and private groups, such as the community chest and Catholic and Jewish charities, plus about half of the total board, purporting to represent the general public but elected by the board itself from the knowledgeable and concerned segment of the general public. I do not believe such a board should elect as public members anyone who has not demonstrated concern in the field. Ideally, such public members should have one foot on each side of the gap; that is, they should understand what should be done and should instinctively know how far the affected public will accept it.

What has been said about such a board is equally applicable to the many committees established to study and report on a specific agency or a specific problem. The temptation is to enlist only those who do understand and are concerned, especially since they are most likely to accept the assignment. However, there should be also a few outsiders whose experience in the outside world qualifies them to work on such committees. Often this is the best way to enlarge the group of interested amateurs. The wisdom and standing of the head professional and the lay president are critical when such committees or commissions are appointed. A temptation equally dangerous is to enlist too many good-natured important personages. The selection of the twelve disciples, who were earnest, simple men, should



have been a lesson for all time that the complete devotion of ordinary people is infinitely more useful than the second-rate interest and performance of a big name, however superior that person may be in the area of his major concern. I have often wondered why, of two bank presidents, let us say, both good citizens, one will be involved helpfully in good works and the other not. As a concrete example of the application of the margin of malleability, I would generalize that an important business man of forty-five or more, who has that long resisted participation, does not furnish a margin of malleability wide enough to waste time with.

Our hypothetical board or committee now has a sensible project, a staff member to research and advise, and consists of reasonably intelligent and interested men and women. It would be ideal if all members of the group could do some independent research and otherwise participate steadily and actively along with the professional. Too often they simply do not have the time, and they comfort themselves, naturally enough, with the belief that the professional knows much more about the problem than they ever could. This is probably about par for the course. The professional digs away, periodically reporting his findings to the group. He ends up by drafting a report which may be modified in minor respects by discussion in the committee but which emerges as 80 percent his product. I am not saying that there is anything basically wrong with this procedure, so far as it goes. At the least there is little chance of getting out a report too revolutionary to be seriously considered by those affected.

But usually the procedure does not go far enough. I believe here we could deliberately and consciously make more effort to introduce the values of the small seminar. Some

years ago I was associated with the National Policy Committee, an informal group with members throughout the country who met when possible for long weekends to consider some specific question of national concern. The meetings were planned to include up to twenty men and women with diverse experience, typically business men, professors, government officials, labor leaders. A steering committee met weeks ahead to thrash out an agenda, and one or two experts were asked, prior to the session, to submit factual background. Agenda and background, circulated in advance, are mechanical aids which I commend. The group met from Friday evening through Sunday noon. Concentrated sessions tend to generate more steam than the same number of sessions with periods between, and the cumulative effect of protracted deliberation was surprisingly superior. This simple procedure was widely copied, notably by *Fortune*. Perhaps its most important advantage for our immediate purposes is the opportunity for persons divided from others, by gaps of various widths, to move centripetally toward common ground. It was often somewhat amusing to observe a labor leader and an investment banker in the process of learning that the other was not an ogre.

I am convinced that social work boards, committees, and survey commissions could improve their usefulness with the aid of more thorough preliminary preparation and more concentrated sessions. Needless to say, the lay and professional leaders of such groups should, ideally, be skilled in the art of group discussion. A good leader keeps the group on the track and diplomatically encourages participation by all members. What is more devastating for a chairman than to receive, after a meeting, a long letter or telephone call from a member who dissented from the trend of discussion,

but who sat silent in the meeting, for lack of skillful leadership.

Finally, let us concentrate on the weakest link in our chain of influence, the implementation of a sound recommendation. As I have indicated, this problem calls for the same kind of skills and participation as the deliberations themselves, that is, a solid combination of professional expertise and lay awareness of the public temperature. We are all familiar with the dreary fate of too many of our excellent reports. They are submitted to, approved by, applauded by, the people concerned, with expressions of pious and sincere hope that something must be done to get *this* report widely circulated. Too often the maximum use is made by some later researcher who writes a paper in the field. How often we observe the absurd spectacle of a new commission appointed to study a problem that has already been adequately considered.

I realize that many reports—on the performance of a specific agency, for instance—cannot, in fairness to the agency, be made public property in their entirety. But even such studies contain useful general facts and perspective which would be of concern to at least the large number of people who are aware of the problems. The remedy here, unhappily, involves money. A typical welfare council, the focus of all community social work, should have an editor and a publication whose major purpose is just this. Money is scarce, but it is wasteful to spend so many man-hours in producing a respectable contribution unless we intend to promote its maximum usefulness.

Coming now to the delicate subject of implementation of a project requiring official public approval, by city councils, state legislatures, mayors, and governors, it is at once

obvious that the general awareness of the specific problem involved is an immeasurable advantage. Public officials, I repeat, properly feel that they are representatives, and whether from this worthy motive, or simply because it is prudent politically to please substantial numbers of voters, the fact that a measure is calculated to affect their constituents favorably will be at least as persuasive as the intrinsic merits of the proposal. Parenthetically, although I have been using the welfare council as a convenient source of illustration, I should make it clear that some councils are not per se action groups but can properly advise on proposed public measures when called upon. Therefore the action I am about to consider does not directly involve such a council.

We have now assumed a constructive proposal and we have assumed that it was produced by knowledgeable people whose standing is presumptive evidence of merit. Our task of official approval now differs little from that of any conscientious group, although we will avoid some of the less savory techniques of the lobbyist. I can say nothing new or exciting on this subject, but looking back over years of failures and some successes, I can list some indispensable aids in the approach to officialdom. We have first to create a hypothetical official or body with little exact knowledge of the subject. Very few social workers get elected to public posts.

There can be no substitute for personal contact, and few officials or lawmakers will refuse it. In virtually every city council or legislature there is a committee within whose sphere the project will lie. The chairman of that committee is the first objective. Whether with one official or many, however, the old political maxim that you can't beat some-

body with nobody dictates careful preparation of the proposal in as concrete form as possible. For example, an ordinance drafted by an expert has more magic than a general proposal; but ahead of that comes thorough factual documentation of the need, the effect, and, most critically, the cost. In such a presentation the lay adviser, whose experience qualifies him for the job and whose reputation and standing command respect, can contribute most heavily the kind of leaven I have repeatedly advocated. Often the professional experience of a lawyer in presenting facts and arguments will strengthen such a presentation. The human values at stake, which presumably are at the heart of the proposal, must be emphasized but with no deliberate pathos.

Your official or officials will from the outset be most concerned with cost. Tax money is hard to come by. Many a sound proposal simply cannot even be entertained because of a clear lack of money. This criticism must be met, and usually can be, by demonstration of the wastefulness, in terms of money, of the existing condition which the proposal seeks to alleviate. If the project is a clinic, for instance, it is simple to document the direct saving of hospital costs, to say nothing of man-hours now lost by the community. While this suggestion is obvious, and routine, a few hours or days spent in preparing the actual demonstrable facts may make the difference between success and failure.

In this or any similar presentation, it is mere common sense to include, either in person or as stated sponsors, representatives of the major religious faiths, racial groups, and labor, so that the project cannot be dismissed as special legislation. But do not let anyone talk unless he is knowl-

edgeable. It is essential to have the presentation at least summarized in writing, as briefly as possible.

With an actual draft of the desired legislation in hand, admittedly subject to revision, support should be sought from responsible civic organizations, who will, it is hoped, formally express their support. This, too, takes a lot of work and diplomacy, but it is invaluable if we are to convince the officials that the public is concerned.

Very few sound proposals are accepted on the first try. In Maryland several dedicated citizens, lay and professional, have for many years worked toward the modest beginning of a state school of social work. The proposal implied the need for more state money. When the proper authorities finally understood, in 1959, what a school could do for Maryland, the appropriation was approved. Initial failure, irrelevant and ignorant opposition, are predictable obstacles.

Once a proposal for change in the law is before a legislative body, letters from constituents are most persuasive—not form letters or telegrams, but really personal communications. Most of us outside the legislative halls fail to appreciate how eagerly the elected officials welcome reasonable expressions from their constituents. The vast majority of legislators, state and municipal, even the most crassly political, want to feel that they truly serve the public. Needless to say, newspaper understanding and backing must be secured if at all possible. Editors are usually hardheaded and skeptical by nature, but they too welcome the opportunity to consider and discuss reasonable proposals in the public interest. Editors should be early ports of call, before the proposal becomes known to the public.

Editors are allergic to reading such news in their own papers first; they like to be consulted ahead of time.

Finally, although this is the first chronological requirement, there simply must be a small, devoted, hard core to act as a board of strategy and tactics throughout the sometimes long war. They must formulate a plan of attack and must be responsible for carrying out details. They must consult and enlist expert aid, in political know-how, public relations, legal draftmanship, public finance. An agreed plan or blueprint attracts and unifies elements of support which are then cumulative. If there are divided councils, these elements of support cannot be brought together in a winning combination.

## *THE HUMAN ASPECTS OF ADMINISTRATION*

*by L. J. Ganser, M.D.*

THERE IS PROBABLY reason to believe that we in mental health and welfare agencies have less knowledge of the general emotional welfare of our organizations in their relationship to our programs than we have of those of the people who receive our services. Having only recently entered the ranks of administrators, I have found it of interest to look into administrative customs, procedures, and methods in an effort to define for myself the basic task of administration.

It has been a startling experience for me to become aware of the human and personal nature of administration and its function.

People in psychiatry are concerned about the present effectiveness of the large organizations that have traditionally taken care of the mentally ill in this country. The concerns as to the unwieldy and unyielding nature of those agencies would also seem appropriate to our large welfare agencies and any large organization. We have all at times been uncomfortably aware that, although we have higher standards of training, employ more highly trained and usually more highly paid people, our mental health and welfare agencies seem to have developed a kind of lethargy. Our first con-



cern is how this lethargy influences the effectiveness of an agency in carrying out its program responsibility. An important part of that same concern is how the persons who work for such an agency are involved in, and affected by, that lethargy.

People have been involved in interpersonal relationships and in management for a long time, but efforts to organize the techniques of psychiatry and administration into a systematized body of knowledge for the purpose of a planned course of action are relatively recent for both fields. These sciences have developed as efforts have been made to organize, into a sensible form, the methods by which things have been and are being done by the practitioner. Because of this, there is a danger that they will be sciences which unwittingly set significant limits to their own development.

Administration, as a science, is an interest of the late nineteenth and early twentieth centuries. Its development has followed the closing of the frontier and the accumulation of large numbers of people in small areas. As a natural result of such changes, planned cooperation and managed activity became necessary, since the problems of large populations were quite different from those of the frontiersmen.

In public administration, there has been an impetus to systematize in order to avoid the vagaries of politics and to obtain more effective program results and in private administration to increase production or profits. Wars have always required organizational and administrative skill. The depression along with the philosophy of this country, which resulted in the assumption of responsibility for the provision of needed services to large numbers of people,

also resulted in further development of public administration as an important part of our culture.

Efforts to study the science of administration have placed emphasis on those aspects which conveniently lend themselves to present methods of evaluation and measurement. The human elements are not so conveniently evaluated and are frequently left until later. As a result of this inclination, those aspects of administration which are presumed to lead to rational action are stressed. There still remains a large unmanageable area of administration dealing with human values which is not sufficiently understood to be used effectively.

Management is the most simple definition of administration; although ordinarily thought of in reference to large government operations or private firms, it is not a stranger to any of us. Each of us integrates an enormous number of factors into some kind of a whole which represents the affairs of our life. These administrative functions are carried out with an unlimited amount of individual variation. Some carry out these functions by intuition entirely; others may make an occasional major decision which has been thought through in detail; others carry them out in a consistently rational manner which allows for regular, well-planned progress and accomplishment. Still others perform these functions by way of such a welter of self-determined rules, procedures, and precautions that any change in the status quo is effectively nipped in the bud. Personal management responsibilities are given official recognition at the time of death or incompetence when an administrator is designated to care for certain aspects of an individual's affairs. Each of us can be thought of as the

administrator of a complex total operation which requires management skill and is different from management by an appointed administrator because our total goals in life, our motivations, and our self-concept are a part of it.

The individual involved in his own private enterprise, in addition, integrates his business, with its immediate and long-term goals, into the already complex management of his personal affairs. He must coordinate an ongoing complex of immediate actions into a planned effort to achieve long-term goals. Thus, he formulates policy, establishes procedure, determines the results, and profits from them.

Since administration as a science has developed since the closing of the American frontier, it may be valid to think of the pioneer as an example of the entrepreneur who manages the combined affairs of his family and his occupation in such a way as to achieve a degree of fulfillment of total purpose in his efforts or in his life. It is a common idea that such an entrepreneur exerts large amounts of energy and works with unusual effectiveness despite poor tools which make it necessary for him to improvise. It is also a traditional idea that such a person achieves unusual satisfaction as the result of his efforts and has greater personal dignity presumably because, even though he undergoes hardships, he is working toward a kind of fulfillment which coincides with his internal concept of himself.

Administration and management have as their purpose the production of something or the carrying out of a program. Whereas the entrepreneur of our example participates in each step and sees the end result. If he were to be placed in an organization of any size, he would most likely carry out only one aspect of a program. It would become difficult for him under such circumstances to relate himself to the

final goal of the organization. He would continue to have the same need for self-fulfillment but would now find it more difficult to attain that self-fulfillment.

The purposes of mental health and welfare administration present some special problems. In private industry, efficiency and economy can be stressed in an understandable way since output can usually be measured. Consideration of the human needs of the employee, as an effort to maintain positive feelings about employment, is accepted as part of an effort to get efficient economical operation. Such a superficial efficiency-economy orientation would be a grotesque oversimplification of the purpose of welfare administration except in the case of dire emergency when rapid, immediate action with temporary goals is indicated. Administration in welfare is especially complex because the programs deal with other human beings and their needs. In the administration of programs involving these human needs there are more areas for problem development than in some other less complex administrative structures. There is also a greater need for initiative on the part of the staff person.

While it is apparent that the purposes of programs which are being administered and managed vary widely, the goals within the organization are somewhat more standard. Administration must somehow provide for conversion of the employee's energies, motivations, and drive to self-fulfillment into effective total action aimed at the accomplishment of the program purpose. Effectiveness and economy are related to the skill with which the qualities that characterize the approach of the entrepreneur to his own project can be maintained in the employee of a large organization or can be encouraged if they have not already developed.

Despite efforts to train and develop executives in the science of administration, the manner in which they actually function continues to be a highly individual matter. The techniques used by the expert administrator can be evaluated and taught, but it is more difficult to evaluate the unique personal qualities which he uses in carrying out his responsibilities. Thus, the specific management techniques used by an administrator may be given credit for his success, but it may be that this success is more related to how he deals with some of the more unmanageable aspects of his job.

The executive, despite some efforts to interpret otherwise, without question does manage and does direct. Ordinarily he has freedom to interpret the purposes of a program to the people working in it. As a matter of fact, a major part of his responsibility is to do this in such a way that staff members identify themselves with the broad purposes of the total program.

The administrator must be a person who gets some satisfaction out of influencing others to do what he thinks is worth while. Some administrators seem to thrive on situations which are ordinarily anxiety-provoking, and there is reason to believe they may well gain satisfaction from such situations. It is important that the administrator have an adventuresome and optimistic view of the future yet that he retain sufficient freedom of action so that he can use good judgment in making stable decisions. Such qualities might seem difficult to find, yet they are a great deal like those of the entrepreneur of our example who is able to work with short-term and long-term goals and unfinished plans, partially on the basis that he is at the same time experiencing a sufficient degree of self-fulfillment. The ad-

ministrator usually represents in a very real way the responsibility of the total organization.

The employee can be thought of as a reasonably healthy person who is in the position of managing or administering the affairs of himself or his family. If he has been reared in this country, he has been saturated with our philosophy that education, knowledge, and wisdom result in freedom, independence, and the opportunity to do the things that are necessary to achieve success. He has a high regard for self-determination.

In his own personal development and growth from childhood he has to a degree progressed from an early state of total dependency to relative independence. To do this, he has had to break away from people upon whom he was formerly dependent. As he has become independent and has assumed responsibilities, he frequently then has become the dominant member of a family or may have developed strong assertiveness in his own self-identity. He would ordinarily possess or have the potential to develop the attitudes of the entrepreneur whom we have referred to previously as an effective workman.

Motivation is difficult to evaluate on a superficial basis, partially because it is easy to romanticize motivation on the basis of results. The frontiersman is usually thought of as a stalwart pioneer who carried civilization forward, and certainly he is thus interpreted in our textbooks. The successful public administrator also may be considered to be a person who has strong primary motivation to build up a social welfare program of an advanced nature. In each of these examples, although there may be a lively interest in the broad aspects of the project or program that the individual is involved with, the basic motivation for the

person being where he is is much more closely related to fundamental factors in his personality which are largely outside his awareness.

Each person in his living activities is making continuous adaptations directed at maintaining a reasonable degree of balance or equilibrium between himself and his total environment. Both the executive and the employee, when faced with a variety of choices in making a decision, choose that which will lead to the creation of a situation in which they feel most comfortable. A series of these choices must take place before they are established in a job. It has been apparent also in past times that the entrepreneur has an inclination to assume responsibility even in the face of hardship as part of his effort to self-fulfillment. His motivation for doing this is because his self-concept includes a picture of himself as an independent, assertive person who takes care of his own affairs unhampered by dependency on others. For purposes of discussion here, we will assume that the average person in our culture either has already developed, or has the potential for development of, an inclination to assume responsibility of this type as part of his effort to self-fulfillment. He should then have motivation in that direction in his adaptive maneuvers, and if he is successful in these maneuvers he will be aware of a reasonable equilibrium and balance as a result.

The task of administration appears to be oversimplified in ordinary consideration of the scientific aspects of administrative techniques. Researchers are interested in developing methods of working with personnel in such a way that they can depend on highly responsible performance from them. This is the same kind of performance which people are willing to produce without specific outside stimulation

when they are working in the general direction of self-fulfillment. At present, despite greater training and active efforts to work with administration problems, there is a general impression that personal performance continues to show a gradual decline in quality. At the same time, the personnel involved continue to put greater monetary value on their work and seek increased pay. The nature of administration itself may be a major factor in causing this.

As an agency becomes more complex, it requires a more concrete organizational pattern of responsibility. With more employees it is difficult to provide understandable interpretation of over-all purpose; and, thus, more superficial types of leadership are depended upon. Having less knowledge of each individual on the payroll, the administrator feels the need to set more limits for the staff in an effort to retain control and to be sure that the program is going in the direction that he wishes it to go. As more active management techniques are evolved, there is less opportunity for the individual employee to use his own initiative. It is interesting that management also, in an effort to impress employees with its benevolence, institutes benefits, such as retirement plans, health insurance, life insurance, medical care and, under certain circumstances, may even supply clothing, laundry or similar services. As a result, administration gradually assumes responsibilities which the adult employee has been motivated to assume are his own. These are some of the responsibilities which, when carried by the person himself, result in a greater degree of self-fulfillment and a more comfortable equilibrium with his surroundings. It is important to remember that the employee has developed his desire for independence and responsibility as a part of a normal maturation process—a process during



which he has actively defined his concept of himself by gradually changing from a totally dependent infant to an independent adult. During that maturation process, the person often finds it necessary to struggle with the people who are taking care of him in order to attain this independence, and thus it has a high value for him. When the highly valued prerogatives which have been obtained by this process are threatened, the person's picture of himself is threatened and he becomes anxious or out of balance with his environment.

The administrator, on the other hand, is in a position where his sense of responsibility can develop with full flourish. As he assumes responsibilities—and it must be remembered that he is in his position because his motivations are strong in that direction—he enhances his degree of self-fulfillment. It may even be that in some people there is a resultant decrease in ability to be sufficiently free to make rational or reasonable decisions. If that is the case, there may be a strong inclination for him to remove all responsibility from people who work with him in order to increase his own comfort. Whether that happens or not, the administrator actually is in a position where he can remove all the responsibility from the employee or staff person. Just by being in such a position, he presents a threat to the person under him. There is evidence of this in the common observation that an administrator is usually initially thought of as being dictatorial and authoritative until that opinion is corrected by further knowledge of the individual administrator himself.

The employee in an organization is placed in a conflictive situation. To retain the responsibilities that have been highly prized, he must struggle, and if he does this his

source of income is placed in jeopardy and he faces an even further loss of self-fulfillment. In the face of this, he can become anxious and uncomfortable and then must develop a supplementary method of maintaining or returning to his state of equilibrium. In general, he might do one of the following things:

1. He can get out and be independent.
2. He can compete within the organization in the hope of joining the administrative forces himself.
3. He can give in. To do so, means that he must deny the value to him of assuming any responsibility at all and return to a dependent position in reference to the administration, thus making himself less productive and again raising problems that were difficult for him to solve at an earlier stage in his development.
4. Develop a strong personal goal within his own limited area of the organization which, because there is added drive to self-fulfillment, may be pushed to the detriment of the total purpose of the organization.

Alternative number one may not be feasible for economic reasons. Number two is a choice that only a few people can gain comfort from because only a few advance to higher executive positions. Number three and number four are likely to be the most popular choices. Although alternative number four is open, there is less premium on this one within an organization since that person is more likely then to become isolated, his destructive influence on the total goal becomes more apparent, and he may lose favor. The person who chooses number three, denies the value to himself of assuming responsibility and thus returns to a dependent position, places himself in jeopardy, since under those circumstances it is almost necessary that he develop

angry feelings toward the organization. Yet, he has given in and cannot actively express those feelings. This may result in active suppression of initiative and potentially is surreptitiously destructive since it is an added weight to the inertia of the organization.

We have been talking about a reasonably average person. Someone with greater than average neurotic inclinations may present a different problem if he is sensitive in this area of responsibility. He may conclude without rational reason but as a result of his own immaturity that the administrator or supervisor is going to act as an unreasonable authority. He then behaves in such a way that the supervisor is pulled into assuming just such an unreasonably authoritative position following which the victim can relax in dependency and unconsciously feel that he is justified in not asserting himself or using his initiative.

The personal motivations and personality characteristics of the administrator may be equally disturbing to an organization. Perhaps the most obvious source of problem would be the administrator who has an unreasonable need to retain the total responsibility within his own active function, and, in a sense, by doing so deprives people in his organization of an opportunity for self-fulfillment. Such an executive is in the most vulnerable position in so far as developing an organization which has as its major goal the procedures that it carries out rather than the total program aims. By withdrawing from the interpersonal aspects of his administrative job, the administrator can direct his organization into that special preoccupation with procedure. This may lead to the development of what some people consider typical of bureaucracy, that is, an agency whose major func-

tion becomes the maintenance and continuation of the agency.

Professional people who work for public agencies present some unique problems. Since they have had more training, they frequently are people who have been influenced by a desire for independence and self-determination to a more than average extent. The specialized professional worker is likely strongly to insist that he wants no administrative responsibility and cannot tolerate it. Because we have accepted his statement, we have frequently made every effort to arrange for working conditions that make it possible for that professional to work at his specialty and we protect him from administrative responsibilities. Despite this, we have difficulty in retaining those specialists in public work. This is probably especially true of the physician. In public employment the physician complains about limitations that are put on his initiative; he complains of the amount of administration that he must do; he then goes into private practice, where he feels much more satisfied. He feels more satisfied despite the fact that there are gross limitations imposed upon him by patients' ability to pay or by his inability to serve the number of patients who come to him for help. He probably spends almost as much time on administration in private practice, and perhaps in some situations even more, than he would in his public job. Yet, because he has become an entrepreneur and everything that he does has a share in the attainment of some degree of self-fulfillment, he is more comfortable.

Recently, we attempted to obtain higher salaries for physicians in our agency. Our local mental health association was interested in helping us with this project and tried to

get some opinion from private practitioners in the community. Responses to these efforts seemed to indicate that the private practitioner saw his work in a different way than he did the work of the public hospital staff member. Part of this was a feeling that he had to be more responsible, took more risk, and invested more in his own work. One might then be led to wonder whether we do not force our professional staff members to deny their normal interests in total responsibility by "depriving" them of the administrative responsibility which they consider a symbol of complete and total responsibility. If this were true, then they are being deprived of opportunity for self-fulfillment in terms of their own concept of themselves as independent professional persons.

It is also interesting to speculate upon the effect of introducing more rigid administrative techniques in a large public agency or in a group of public agencies. Frequently this is done as an effort to achieve economy. If the factors that have been discussed are important, it may explain why such efforts so seldom result in economy.

Skill in dealing with, and knowledge of, these human aspects of administration are important for the administrator. All too frequently he has little opportunity to learn these skills in a systematized way as he does administrative techniques, and his own unique personality qualities become the most important factors in how effectively he functions. Skill of this sort once developed is difficult to teach or pass on because it is so closely related to the personal qualities and the personal motivations of the individual administrator.

The real task of administration is to convert the indi-

vidual's potential for responsible performance into that kind of performance within a large organization.

The internal motivation of both the executive and the staff person represents a large area of management which is in reality quite unmanageable. Ignoring or denying this area of unmanageability results in considerable oversimplification of the task of administration.

There are tendencies in a large organization for administration to assume increasing organization responsibility and at times even personal responsibility for the employee, depriving the employee of self-fulfillment experience. Such deprivation may result in denial of the need to assume responsibility at work and in other areas with loss of initiative and concomitant addition to a body of lethargy within an agency.

The matter of responsibility may be a special problem with professional personnel. Although they state a strong desire to practice their specialty only, their need for other executive responsibility as a source of self-fulfillment experience may also be great.

Our methods of administration in large agencies with echelons of supervisors and protection of the specialist may well be an indication of our failure to recognize a relatively ordinary human need and may result in such agencies forcing themselves into more massive lethargy.

We are left with a final question. Because of these human aspects, current administration techniques may well be uneconomical. Standard methods to achieve economy by greater control may well only increase the problem and add to the accumulating drag. In view of this, how can the executive or supervisor continue to provide an increasingly

responsible performance and at the same time avoid depriving the staff member or employee of his right to management responsibility of a significant nature? It would appear to be a part of the public executive's responsibility to be aware of these issues and how they may be impairing the effectiveness of his agency or how they can be used to increase the effectiveness of an agency.

The effectiveness of how an agency furnishes the "product" of their organization to their clients is closely related to the mental health of the organization. This mental health may well be a function of how much self-fulfillment is possible for the staff people.

## APPROACHES TO THE STUDY OF PROFESSIONAL PRACTICE

*by John C. Flanagan*

THE FUNDAMENTAL BASIS for any methodological approach to the study of professional practice is contained in the answers to two questions. First, with reference to social welfare, what are the functions of programs in this field? Second, what specific procedures and actions result in effective social welfare work?

The central importance of the identification of functions, purposes, or aims is universally tacitly accepted. All too often, however, it is then summarily dismissed from serious consideration either as something which "everyone knows," or, almost as frequently, as something that "no one knows." Although there may be some truth in both these responses, it is impossible to evaluate professional practice without defining the purpose of these activities. The aim of the activity determines whether a specific act will be judged as effective or ineffective, and also its relative importance.

A typical reaction of professional workers who have become impressed with the central importance of establishing a general aim for the activity is to seek a scientific approach to establishing this aim. This is likely to lead to tabulations of the acts or operations performed, descriptions of the variety of persons involved, analysis of the situations involved,



and a summarization of results achieved. While collection of such data certainly has value, most discussions of the relation of these data to the establishing of general aims prove inadequate because of the failure to recognize that definitions and evaluations of specific acts and results cannot be made unless the purpose or aim of the activity is defined.

We are therefore forced to turn to philosophy, values, logic, and mathematics for models and procedures. Considerations from these fields suggest that the best definition of an activity such as social work will involve a minimum number of arbitrary definitions of a general and central nature from which the specifics can be easily deduced or empirically determined.

From a philosophical point of view, it must be recognized that *the one* precise or correct purpose or aim of social work can never be determined. Value judgments must necessarily be involved, and the selection of a general aim must therefore always involve an element of arbitrary definition. The practical procedure recommended is described in detail elsewhere<sup>1</sup> and consists essentially in developing a brief slogan type of statement of the general aim to which most of those concerned with the ultimate evaluation and use of social work will agree. It must be recognized that in social work as in all other fields, we can never go beyond a closed model of the type, "If you wish to achieve these aims, these procedures will be effective, to this extent." Universality and truth are impossible to achieve. Of course, simplicity and generality in the statement of the general aim increase the usefulness of the evaluations made.

The general aim developed and agreed upon for social

<sup>1</sup> John C. Flanagan, "The Critical Incident Technique," *Psychological Bulletin*, LI (1954), 327-58.

workers in the public social services in a recent study is as follows: "The improvement of the welfare of the people they serve, to enable and strengthen them to function more effectively as individuals, in families, and in communities."<sup>2</sup>

In the development of a detailed operational definition of performance in an activity such as social work, a variety of methodological approaches may be used. The most common procedure lacks all of the elements essential to a scientific approach. No data are collected, no analyses are made, very few of the assumptions and inferences underlying the definition are made explicit. The popularity of the procedure derives from its simplicity. "Experts" who are recognized as authorities meet together and agree upon a detailed list of objectives. The only data involved are their informal, unrecorded, unsystematic observations based on their experience in the field. Certainly such detailed objectives are better than no objectives at all. However, a variety of more systematic and acceptable procedures are available. Four methods for developing detailed operational definitions of performance representing four levels of increasing precision are described briefly for illustration.

1. *Systematic and detailed description of the tasks performed in terms of the people worked with and the results to be achieved.* This type of description ordinarily includes specifications of acceptable and unacceptable results in carrying out various aspects of the activity. This type of activity analysis is usually based on limited observations and simple, direct descriptions.

2. *Systematic and detailed descriptions of the tasks performed in terms of people worked with and results to be*

<sup>2</sup> Irving Weissman and Mary R. Baker, *Education for Social Workers in the Public Social Services* (New York: Council on Social Work Education, 1959), p. 14.

achieved by a trained expert in activity analysis. This procedure results in the use of defined professional terms for the actions observed, which adds generality and explicitness to such descriptions. The knowledge and experience of the observer also enables him to provide statements regarding anticipated problems which relate to training requirements and personal characteristics. This procedure also is likely to involve too restricted a sample of observations to provide a precise definition of the activity.

3. *The collection of data regarding performance in the activity using systematic and extensive observations continued over a period of time.* Such observations are frequently made by persons regularly engaged in the activity and later reported to persons making the activity analysis. These reports are usually made in terms of the specific behavior observed. The specific behaviors are analyzed and used as a basis for inductively formulating categories describing in detailed and comprehensive terms the performance of persons in this activity. The important distinction here is the reliance on actual reports of the performance of many persons engaged in the activity being studied. The collection of extensive data regarding performance in the activity seems especially important at the present time in view of the limited knowledge presently available concerning the nature of adaptability, errors, judgments, and skills.

The critical incident technique is a procedure of this third type. It has the advantages of being a systematic effort to obtain a representative sample from persons competent to make such judgments of certain defined types of behavior. The behaviors selected include only those which were observed to be unusually effective or ineffective in contributing

to the aim of the activity in this particular situation. Although this procedure represents a much more extensive undertaking than either of the other two approaches, it has frequently proven worth the extra effort.

4. *Controlled experimentation regarding the relative effectiveness of various possible actions in achieving the aims of performance in the activity.* This approach makes it possible to add to the systematic definition of present effective performance an evaluation of ingenious and creative new ideas as to how the aims may be more effectively achieved. Of course, the experimental method is expensive in terms of both time and personnel. Its effectiveness in improving present procedures also depends to a very large extent on the ingenuity, imagination, and insight of those who design the experimental methods.

Each of the four procedures described above has been found useful in specific situations. The appropriate level of precision depends on the importance of the activity, the degree of dependence on local conditions, and other relevant factors.

Two methods for evaluating performance should be discussed. The first of these involves measuring standard samples of behavior. The second involves the measurement of typical performance in the activity. The two types of evaluation have much in common but differ sufficiently to justify separate consideration. In brief, the first type attains greater precision of measurement through systematic standardization of the specific problems and situations to be observed; while the second places emphasis on the evaluation of what the person does in a typical situation in the activity.

When an operational definition of performance in the

activity is available, a proficiency measure representing a standard sample of the activity can be developed by standardizing the task, the approach, the conditions, and the procedures for evaluating performance so that they are as nearly the same as possible for all persons evaluated. It is, of course, also important that the samples of performance provide as comprehensive a set of activities as possible of social work tasks. An example of this type of performance evaluation is provided by the eight-hour examination of medical internes now being developed by the American Institute for Research for the National Board of Medical Examiners. Detailed operational definitions of performance can readily be obtained, as in this instance, by collecting a sample of about thirty-three hundred critical incidents representing unusually effective or ineffective performance by a medical intern. The list of thirty critical behaviors involved in the work of the medical intern provides the basis for developing work samples which will include opportunities to demonstrate effective performance of all of these types.

Although standard examinations of this type have great value in many practical situations, the ultimate criterion must always be actual performance in the activity. Unfortunately, in many situations it is not possible to obtain a satisfactory measure of typical performance.

The many problems contributing to the inadequacies of evaluations of typical performance will not be discussed. To provide positive guidance for improving evaluations of typical performance, the following specific actions are suggested:

1. Increase the amount of observation of the behavior of the person to be evaluated.

2. Provide a list of behaviors which define the important aspects of the activity to be observed so that the observer's attention may be efficiently directed.

3. Make frequent records of the behaviors observed so that heavy reliance on memory over long periods of time is avoided.

4. In evaluating the performance of several people on the basis of directed observations, select the samples to be observed in such a way as to make them as comparable as possible for all persons being evaluated.

The actions listed above are difficult to carry out in most performance evaluation situations. Probably the most practical and effective of the procedures now in use for obtaining a relatively accurate evaluation of typical performance is the "performance record." The performance record consists of a list of critical behavior categories usually developed by collecting several thousand critical incidents. The record form provides space for entering the date and the number of the specific critical behavior within the major category under which the observed critical incident regarding performance should be classified. In order to assist in recalling the details of the specific incident at a later date, one or two words descriptive of the incident are also recorded on the form at the time the observation is made.

In their study Weissman and Baker, working under the general direction of Werner W. Boehm, collected critical incidents for four types of social workers in the public social services. The jobs studied included those of caseworker, local agency director, supervisor, and various functions of the state field service.

The initial analysis of the caseworker incidents based on

812 incidents resulted in five major areas divided into fifteen behavior categories. These are as follows:

- I. Assessing client problem and the relevance of agency services to meet it.
  - A. Securing an understanding of client as a person, his family and community relationships and the nature of his problems.
  - B. Interpreting services and requirements to client so that he can understand them and use them constructively.
- II. Establishing helping relationship and giving appropriate initial services to meet the need presented.
  - A. Being aware of and making disciplined use of own feelings and attitudes.
  - B. Taking practical steps within agency functions and policy to meet client needs on an individual basis.
  - C. Engaging client in examination and solution of problem by giving respect, understanding and acceptance.
  - D. Protecting client from abuse, exploitation, denial of rights, etc., and establishing his legal status.
- III. Initiating and carrying out activities to help client function better in his social roles and relationships.
  - A. Helping client to know and deal with his feeling about himself and his relationships.
  - B. Guiding and supporting client in carrying out plans to achieve optimum functioning or care suited to his needs.
  - C. Arranging for services from other resources on client's behalf.
  - D. Coordinating services to client with those of other agencies or persons.
- IV. Contributing to effective administrative functioning of agency.
  - A. Administering own work efficiently.
  - B. Seeking and using appropriately direction, supervision and consultation.
  - C. Participating responsibly in administration of agency program and policy.
- V. Behaving with professional and personal self-discipline.

- A. Observing professional values and ethics.
- B. Working cooperatively in internal agency roles and relationships.<sup>3</sup>

The incidents on which these critical job requirements were based were obtained by asking supervisors of caseworkers certain questions:

"Think of the most recent thing that you remember that the caseworker did which struck you as especially *effective* in improving client welfare directly or indirectly."

To obtain incidents of ineffective behavior, the same question was used with the word "ineffective" substituted for "effective."

These questions produce such incidents as the following effective behaviors:

While making requested visit to an elderly woman in need of nursing home care but unable to pay for it and fearful about losing the home she owned, the caseworker explained carefully the agency services and regulations about property ownership, enabling client to accept assistance with easy mind.

Used pamphlets provided by regional Social Security Office to show APTD client, afraid his grant might be reduced, how transfer to OASI would affect his budget.

Two sample ineffective incidents were:

When change in agency policy necessitated taking a mortgage on family's trailer home, wrote client without any explanation to come to office to sign mortgage.

Failed to explain to mother requesting return of child from foster care what knowledge of mother's new home would be needed before discharge from placement could be arranged.

The critical requirements define effective and ineffective performance on the job. To a considerable extent, they are

<sup>3</sup> *Ibid.*, abbreviated from material on pp. 53-59.



self-explanatory and may be used as guides for selection, training, and the development of proficiency and performance measures. In utilizing these statements of job requirements for guidance and source materials in developing proficiency and performance measures a set of procedures has gradually been developed which we have entitled, "the method of rationales."

Rationales can be used to develop the implications of the critical requirements for selection and training, but at this time, we shall discuss their use particularly for developing proficiency and performance measures. A rationale is developed usually for each critical behavior. Rationales ordinarily consist of about three parts, and most frequently are about two pages in length.

The first part of a rationale consists of the definition, description, delimitation, and illustration of the specific critical behavior. The function of this part is to define in clear and explicit terms the behavior involved.

The second part of a rationale consists of the psychological analysis of this behavior. This involves insights, inferences, and hypotheses about the nature of the behavior, its probable causes, and ideas regarding its stability and possible modification.

The third part presents the application to the specific task of the moment. In this case, the development of proficiency and performance measures for critical behaviors related to a specific task. The discussion relates to ideas and hypotheses about effective procedures for measuring the person's ability to perform effectively with respect to this critical behavior. It includes specifications for the development of such measures and sample measurement procedures or items.

Rationales appear to fill an important need by requiring the investigator to make explicit his inferences and hypotheses as well as his definition of the specific behavior to be measured and the plans for measuring it. Explicit rationales of this type can be reviewed by others and revised and modified in the light of experience or additional information.

In summary, it is proposed that the study of professional practice be changed from the pooling of limited and special experiences in committees to a more scientific approach involving the systematic collection and analysis of factual data regarding professional practice. There are a number of ways in which this can be accomplished. The method selected for special discussion and illustration here involves the collection of a large number of specific incidents describing effective and ineffective performance with reference to a stated general aim for the activity. The systematic analysis and development of appropriate deductions, insights, and hypotheses regarding the facts of present performance has been found an effective method of studying professional practice in many fields and should have important applications in the many professional tasks in the social work field.

## SELECTION AND STAFF PLACEMENT OF PERSONNEL

by Sidney Berengarten

ONE OF the most perplexing problems for professional education and practice in any field is the proper selection of students and staff. "In the first place, no two persons are born exactly alike, but each differs from each in natural endowments, one being suited for one occupation and another for another," said Plato in *The Republic* 2,200 years ago. Like other professions, social work is interested in selecting those individuals who have the greatest potential competence. Heightened interest and increased activity in the selection process have been slow in forthcoming in social work, but this is equally true in the other helping and healing professions. It is of historical interest that large-scale studies in the selection of students in medicine at the universities of Chicago and Illinois medical schools, in clinical psychology at the University of Michigan, in psychiatry at the Menninger Foundation, in social work at the New York School of Social Work, all began within a two-year period following the end of the Second World War.<sup>1</sup> What

<sup>1</sup> For reports on these research studies in selection see: Henry W. Brosin, M.D., "Psychiatry Experiments with Selection," in *Social Work as Human Relations* (New York: Columbia University Press, 1949), pp. 158-69; E. Lowell Kelly and D. W. Fiske, *The Prediction of Performance in Clinical Psychology* (Ann Arbor: University of Michigan

was happening nationally to precipitate such developments in these allied professions?

1. Many opportunities were opening up as a result of a great demand by the American public for psychiatric and related services. The increased awareness and recognition of emotional illness in its different manifestations, and the realization that people could be helped, accelerated the demand for such services following the Second World War.

2. The role of psychiatry in the Second World War and the high incidence of rejection were influencing factors. Thirty-eight percent of all rejections were for psychiatric reasons, and 40 percent of all disability discharges from the Army were neuropsychiatric discharges, which were widely publicized and in part brought about an awareness that mental health was our number one health problem. Physicians too had a firsthand exposure to the problem of emotional illness which activated much interest in mental health.

It is of interest that the selection study of the New York School of Social Work which began in 1947 had been a matter of considerable concern to the faculty as early as 1929. There was awareness of the importance of finding some adequate criteria and method for selection. We gained the feeling, as we discussed this problem with faculty members at our school and at other schools of social work, that while certain individuals who were designated as responsible for interviewing and assessing candidates seemed to possess an amazing capacity to make correct selections, no basic criteria of a fundamentally reliable sort had been

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Press, 1951); Robert R. Holt and Lester Luborsky, *Personality Patterns of Psychiatrists*, 2 vols. (New York: Basic Books, 1958); Sidney Berengarten, "Pilot Study: Criteria in Selection for Social Work," in *Social Work as Human Relations*, pp. 170-94.

collected. Therefore, we sensed that the success of the individual interviewer-assessor might so easily be a matter of excellent intuitive awareness and hunch which sometimes would prove accurate. We were of the opinion that a systematic study and formulation of criteria for student selection based on a personality-oriented approach was indicated.

From its inception we found among social work educators and supervisory personnel, locally and elsewhere in the country, sharply divided opinions about the methods and objectives of our study. The most vociferous critics felt that social work should delegate the responsibility for selection to the psychologists. It has never ceased to amaze us to what extent there is so much yearning for "the test" which with divination and prescience will relieve us of the responsibility of making judgments and resolve our dilemma when we must declare ourselves regarding the suitability of an applicant for social work. To be very direct, it is obvious that in some instances this wish is indicative of rejection of social work as a professional discipline which can really understand, interpret, and predict behavior. The explanation of resistance to interviews and the strong advocacy of tests in selection are more complicated in other instances. Some theoretical base of understanding human behavior is accepted by all professional educators, supervisors, and administrators, when it applies to disadvantaged people—the client and the patient—but too often it is discarded in relationships with students and workers.

There is a partial explanation for this peculiar phenomenon of not using the knowledge of human behavior one does possess. What makes it so very difficult to apply our theoretical knowledge of behavior to the candidate, and even more so to the worker, comes from the fact that they are very close to us in many respects. The possibility of having overly

subjective responses to them is infinitely greater than with a client. These people have the same educational background, they too have achieved academic success and professional status, they have selected the same profession and, in many instances, even the identical field of specialization, and they have intentions of attending or may have attended the same graduate school. The applicant does not come for help with problems; he comes to offer help to clients and agency.

We found we were in less danger of having either an overpositive or an overnegative reaction on the basis of professional ambitions than we were on personality factors. This phenomenon seems related to the fact that we have not entirely resolved our own conflicting attitudes and feelings toward others in the growing-up process, and it may express itself in only a small area or in regard to one kind of relationship. The interviewer is bound to identify in the interview with his own past experience—with, for example, a traumatic childhood, or the emotional problems which he had when he entered training but had the strength to survive. The question is: How much has the individual been able to absorb and how much has been sublimated? It may be difficult for an interviewer to be objective and to rate the applicant low enough when he sees a person who has problems but also some strengths, because the interviewer feels that his own strengths were enough to carry him through. There is thus more tendency to overidentify and to feel that because we could succeed he can also, without eliciting the content or without applying objective criteria to determine whether he has the same kind of strength. We react and respond differently to attitudes and manners of relating which may suggest to us a certain personality pattern. Here is where our subjective reactions,

whether overpositive, negative, or ambivalent, get in the way of an objective assessment. When we are confronted with an applicant who manifests more than the usual amount of anxiety, intellectualization, aggression, hostility, dependency, controllingness, counterfeelings are obviously aroused in us, and the nature of our feelings will depend upon the extent to which we have resolved our own personal needs in reaction to such behavior and their submanifestations.

As an example, let us consider our reaction to the pattern of dependency. We can identify several subpatterns of dependency, ranging from the deeply narcissistic to the adolescent who is normally in the throes of the dependence-independence struggle. For obvious reasons, we should accredit the strength of the individual who is further along in the dependency range. Yet, how often are we seduced by the narcissistic dependent, especially if bright and attractive, into an overestimation of his or her capacities and abilities? Such an individual often has considerable charm that can stimulate the positive countertransference in almost anyone. It also gives us a chance to show how really nice, supportive, and strong we are. However, if we accept these deeply dependent people who are essentially seductive or those who are overly submissive to authority, what kind of profession will we have eventually? On the other hand, the individual at the other end of the dependency scale and in an advanced stage of emotional growth may impress us negatively because he is not, ostensibly, so accepting of us and our ideas. It is part of a normal growth process for the late adolescent still to be ambivalent toward authority and to some extent to act out his conflict, and the fact that he has emerged from the chrysalis of dependency impresses us intellectually but seems to upset us very much when we

are face to face with him. He raises questions, challenges, differs with us, and may be critical. We want to be regarded as people who have really attained and know something, we resent any person who tries to demolish what we think we have achieved, we begin to feel hostile. By rejecting him because we feel so threatened we may be doing a grievous injustice to him and to the profession, for he may possess a great deal of warmth, richness of feeling, and an impulse to give since his own dependency needs actually have been met although not entirely resolved. The age factor is obviously important, otherwise we would be generalizing instead of individualizing the applicant. It also points to the need on the part of the interviewer to determine whether the dependency manifested is of a reactive nature, because there may be some regression in this particular type of relationship, or whether it is truly a more structured and deep-rooted kind of dependency. To be objective, it is apparent that the interviewer must have some knowledge and awareness of his own dependency strivings and needs, if he is going to be able to detect the rather subtle form in which dependency is presented, as well as his own response to it. Because of identification, we may become angry at times as we become upset at our dependency.

There is always the danger that the interviewer's counter-negative or counterpositive feelings will influence him and the applicant to unfold themes in the interview which give an unbalanced picture of the person. Fortunately, these countertransferences, in most instances, cannot occur with such intensity that the competent interviewer is utterly oblivious of his overresponding, whether positively or negatively. It is because of the phenomenon of countertransference and the role it can play in formulating the decision to accept or reject an applicant that we were rigorous in



enforcing the criterion of adequate supervisory experience in selection of admissions interviewers from among our graduates, apart from their substantial skill in interviewing and personality assessment.

Breadth of supervisory experience gives the interviewer background knowledge of the way various personality patterns of students and workers manifest themselves in performance. Supervising many people over the years gives the opportunity to confirm or modify original hypotheses about them, with some surprising and others disappointing us. Out of such experience is achieved a fundamental knowledge of personality functioning, and there is less chance of an interviewer being confronted with an unknown personality pattern in an applicant interview. He has already gone through the process of sorting out and examining himself and his feelings in response to employees who represent a variety of patterns of behavior. Therefore, it is more likely that a person with such experience, having become conscious of his own reactions, will begin to note his over-response to an applicant even during the interview itself. Obviously, the degree of the interviewer's self-awareness and self-insight determines how quickly he can retrieve and refocus the discussion to ensure the eliciting of content which will present the applicant as he really is rather than as some figure symbolic to the interviewer. In our study we also found that an interval of at least one day between the interview and a retrospective analysis of the recording of the content helped us to make our own associations and to understand more clearly why a particular applicant touched off an overreaction, and we could thus evaluate the influence of our activity as well as the applicant's in the interview.

In a parallel study of selection for psychiatry, Holt and Luborsky have much to say about the interview as a predictive instrument which is of value to social workers who are attempting to acquire proficiency in the use of the interview for student or staff selection. They found that the psychiatric interviewers tended to repeat errors in assessment. Some interviewers were overimpressed by superficial attributes, such as a man's size and physical appearance, the extent of his general information, his voice quality, and his social warmth. Conversely, they underestimated applicants who were lacking in these characteristics. Although interviewers did not often overlook limitations, they did overestimate the applicant's own awareness and acceptance of his liabilities. Discrete personality traits were usually evaluated correctly, but at times the halo of total impression erroneously increased or lowered the ultimate rating. Quite similar to our experience in the study of selection for social work is Holt and Luborsky's finding that the interviewer with the best predictive record used basic principles of personality theory and made much effort to test in the interview such factors as the nature and quality of motivation for psychiatry and genuineness of capacity to help people. They support the findings of other researchers that "the important element of an interview for predictive purposes seems to be *what the subject says*, and the purely visual aspects may give misleading impressions."<sup>2</sup>

Having given some thought to ourselves as interviewers and to the forces that operate within us in reaction to the applicant and their influence on our judgment, what about the applicant himself?

<sup>2</sup> For a review of Holt and Luborsky, *op. cit.*, see Sidney Berengarten, *Social Service Review*, XXXIV, No. 1 (1960), 102-5.

1. *Intellectual endowment.*—In our selection study there was conscious evaluation of the intellectual ability to organize content in the approach to the interview, as well as an assessment of the emotional components of the individual's personality. Rich professional performance in any field of social work, whether as practitioner, supervisor, administrator, or educator, requires a high-level ability to engage in abstract reasoning, to think analytically and conceptually, to formulate mature judgments, and to be clear in self-expression. Intellectual curiosity and a capacity for thinking which is imaginative and creative are qualities of mind which are as much needed in social work as in other professions if the boundaries of our knowledge and skills are to be advanced. There must not, however, be confusion between intellectual brightness per se and ability to assimilate learning in social work.

Through interviewing experience, we have become alerted to the individual who has excellent intellectual endowment but who, through the vicissitudes of his life's experiences, adheres slavishly to traditional beliefs. He lacks the strength and the emotional freedom to be critical of accepted practices. Our interviewing has also helped to identify the person who is intellectually superior but is impelled to be critical of everything traditional out of his deep unresolved need to defy and challenge authority. Unless one believes that the end justifies the means, and such a person often does have a way of producing results, his potential destructiveness to people and programs in his need to effect change should give as much cause for concern in the field of social work, as does the sterile contribution of the neurotic conformist. The persons participating in our study who were given the highest prediction ratings were invariably individuals who demonstrated a gifted ability for original and independent

thinking in the interviews, but coexistent with this competence was an integrated personality pattern. One cannot evaluate an applicant properly by giving consideration to intellectual ability unrelated to basic personality. It is our impression that wherever one finds a pronounced deficiency in either intellectual or personality equipment, the prognosis for successful achievement in social work training is poor.

2. *Philosophy of life.*—We are very much interested in determining whether the social work applicant regards the world as a friendly or a hostile place. What has happened personally in our life's experience tends to influence our philosophy of life and standards of value. It is important, therefore, to determine how selection of social work by the applicant fits into his rationale. Does he expect people to reach out toward him, to be accepting and responsive—or to be primarily rejecting, denying, and nonaccrediting? What ideal of a social worker's role is envisaged by the applicant? In the interview is his major emphasis on the feeling that people and life are too difficult to cope with, that people must be protected from the hazards of life? Does he, on the other hand, reflect a capacity for enthusiasm and optimism? In the discussion of self, does he convey adequate self-esteem and indicate that real satisfactions have been derived from his relationships in his life experience? Can he accept his own self-values and strengths? Ideally, there should be a nice balance between aspirations and desires, and an ability to deny self. We would be prone to look with some distrust upon the person who says that there is nothing he wishes to gain from the school experience or from the job in social work. We would be more comfortable with a person who can say simply, "These are my terms," and then in discussion of them we can evaluate whether these feelings

reflect an appreciation of the rights for self yet respect the rights of others, or whether this concern evidences a self-centered preoccupation.

3. *Reality-relatedness*.—A third area of importance is an evaluation of how reality-oriented the individual is and how adaptable he would be when pressures and demands are great. How much sense of awareness of a situation does he possess? It is unquestionably necessary to help the student adapt to the exacting learning requirements and to offer him the type of supervision which will help him grow toward maturity as a worker. It is essential, however, that the school shall gauge how the candidate can tolerate frustration, based upon knowledge of what strength he has achieved to adjust to reality. There is an obvious danger in fostering overdependency through efforts to nurture the student with oversustaining and too much support.

We are also aware of this problem in the new worker's period of orientation to the agency and his role in it. Do we presume correctly that it takes about six months for the average graduate to adapt to his responsibilities? What do we watch for in his reaching out for help in this stage? We are interested in knowing how much anxiety the graduate shows at first. Is he a person who, because of difficulty in becoming oriented, would need to be worked with slowly, need a lot of protection in the work load and much supervision before he could take responsibility? At the other extreme, is he a person with good relatedness who could take on responsibility quickly, work under pressure with minimum anxiety, and take initiative in supervisory relationship, making known in what areas he wanted supervisory help?

Psychological growth is a continuing process and is enhanced in social work education and practice; particularly

through the supervisory process. The professional educational experience contributes further to personality development, but the potentials for such growth must be brought by the student into the training experience. There are reality limitations to what an agency can provide through the quality and quantity of its supervisory staff, and we are faced with the need to determine whether the applicant can reasonably adapt as a future student or worker to the kind of supervision he will receive, even though it may not be ideal. Inherent in this concept is the fact that he has an ability to mobilize strengths and adjust to work without extreme anxiousness. What is it that is basic in his readiness to relate himself to a new situation, whether it is school or job, plan or program? Here one should look for a high degree of self-responsibility which reveals itself in his attitude toward what helping actually means. It is one of the most important qualities on the job and in school. If a situation should become too difficult for him, how will he react? Will he place the blame elsewhere or will he try to do something about it himself? In assessing this quality in an interview, one should determine how positive is the applicant's mental picture of the coming experience, whether job or school, and of himself in it. Even though his speculations may seem to be colored by fantasy, are they positive in nature? People are prone to visualize themselves, in off-moments, in a new and unknown experience. If such constructive daydreams lie enough within reality to be achieved by the individual, this serves as a real diagnostic criterion. A new experience, such as entering a school of social work or professional employment, should be pleasurable, exciting, and challenging. The individual should feel a readiness not only to relate to the new experience but also to move along in it and give

promise of becoming increasingly freer to involve himself in it.

4. *Motivation.*—In examining the applicant's motivation, which is related to the preceding point, knowledge is needed of his reasons for selecting social work as a profession. In our study it became clear that the nature and strength of the motivation play a major role in the way students and workers are able to fulfill their professional responsibilities. The selective process utilized in choosing, not only the specific field in which the individual hopes to practice, but, for a significant number, even the agency in which they seek employment following graduation, seems to tie in closely with the motivating factors which have led them to social work itself. When candidates in pre-admission interviews pinpoint their ultimate choice of field and subfield to work exclusively with only one psychiatric or organically ill entity; to one sex, with a further narrowing of age span; or to one type of psychosocial problem, the precise purpose and function of an agency, as well as its case load, often have more underlying diagnostic significance.

Those who offer our graduates the opportunity to fulfill their professional goals are just as much involved as we are in the search for better understanding of this elusive aspect. Social work is not yet identified as a traditional profession, such as law, medicine, and the ministry. Our study has indicated that there is less likelihood that the applicant makes the choice of social work for the same reason that one finds frequently in the established professions, where identification with a parent or an admired and loved person has been or is currently involved. It may be worth while to examine at a much later date in our history as a profession whether

positive identification with key persons in social work may furnish this same kind of motivation.

The question to be asked is: Has the applicant selected a helping profession because in his own personal life he has been given so much recognition and love that choice of the field of social work would be a natural extension of his emotional investment in other people, particularly those who need to be sustained emotionally or physically? On the other hand, some applicants may have had certain negative experiences in growing up, but instead of having repressed their feelings they are well aware of what these experiences have meant in deprivation feelings. Through these experiences they have been sensitized to people who have been hurt or have been deprived in some way. People with these experiences often have a good contribution to make in a helping profession because they can feel so keenly for and with the person who is deprived. There is, however, an obvious danger to consider. Have they been so hurt that they overreact to everybody who is in difficulty as though that person were themselves? This is even more likely to happen when they work with people who have problems very much like their own.

In our study, there was awareness of other motivation for some persons who wished to enter social work. In this group one finds the applicant who desires to get something out of it for himself, often expressed in his need to gain help with personal problems. Others seek social work education because of conflict with parents and family, with social work symbolizing rebellion against tradition. A large number seek training because of a need to establish status and security for themselves. With all these motivations, and others of



like nature, it is important to attempt to understand whether the applicant's oversubjective need to enter social work can be modified through the growth in personality strengths via the training experience, with constructive emotional satisfactions derived from a more disciplined use of self with persons he is expected to help.

5. *Capacity for growth and change.*—In understanding and evaluating the potentials for growth and change, which must take place in the candidate if he is to achieve the educational goal of a disciplined professional self, it is useful to understand the dynamic aspects of his ego defenses. Through the medium of an adequate admissions interview, one should be able to determine whether the preservation of the candidate's defenses requires so much effort on his part that he will have little chance to gain sufficient satisfaction in his training experience to make success possible. What is meant by the term "capacity for growth and change" which all schools of social work subscribe to as the fundamental prerequisite for successful learning and performance? Does it mean that the individual has the ability to identify with and trust his supervisors and instructors and gradually manage to lower his defenses so that he will gain awareness and understanding of his own behavior, attitudes, and feelings in reaction to work-centered interpersonal relationships? Does it imply that he has the potential to become conscious of what he is feeling and doing in an interpersonal relationship, whether with client, supervisor, or other people with whom he works? Unless he can become self-critical and perceptive to, and aware of, the reactions of others, his ability to help will be minimal.

We are aware that all people have some defensiveness. Some tend to project and rationalize, and so on, but where

anxiety of a deep and virulent kind has to be concealed by an elaborate series of defenses, then the moment any one of them is touched it crumbles. Some individuals have a few socially acceptable defenses. In the cases of some of our interviewees, it was sometimes difficult to realize the deep-rootedness which was involved. As we indicated earlier, it was often hard for an interviewer to detect the narcissistic individual who exhibited a social warmth, an easy manner, a seeming responsiveness, but who proved to be highly seductive. What looks like affect is not affect, but merely a self-focused response to the undivided attention he is receiving from the interviewer. With such a person it is often easier to have diagnostic acumen when the personal impact and appeal are not present. In our follow-up study of admitted candidates, we found that a number of these emotionally damaged persons who had adequate surface adjustments were further traumatized and made sicker by their professional educational and work experiences.

6. *Capacity to form relationships.*—In our study the area of greatest importance in the evaluation of the applicant was his capacity to relate to, and work with, a large variety of people. The reality of the ultimate work situation requires that the candidate show promise of establishing and maintaining relationships with the clients or members, supervisor, agency staff, lay, and professional persons in the community, as individuals and as groups. The people most comfortable to be with are those who are themselves at ease with others, not only individually but also in a group. In the follow-up phase of the study, it has been repeatedly demonstrated that knowledge of the candidate's experience with parents and with siblings offers rich diagnostic material that is an indication whether he has been both an

accepted individual and a member of the group. If the applicant did experience both roles successfully in the family, then in all likelihood he will relate in a healthy way to client, agency, community, and can do the teamwork that is essential in all settings in social work.

In this respect, the interviewer cannot judge by the manifest content of the behavior alone. There are instances when one must and should stand up against the group. However, rebellion against, or conformance to, the group may neither be the most constructive contribution to the group nor constitute the most positive behavior of an individual in a group. We know, for example, that some individuals may be driven unconsciously by unsuccessful reaction-formation and by fears beyond their control to be a member of the group and to conform. Conformists get security from a group, but they may also be overwhelmed by the group and in relation to group authority become passive. In considering both these extremes and what their significance may be, we should look primarily for a reasonable preponderance of conscious motivation in the individual's behavior, whether in relation to other individuals or to groups. To have the courage and the ability to differ with the group, not out of hostility but rather out of conviction and sound values, requires personality strength which is so vital in all fields of social work.

In our evaluation of interpersonal relationships, it was necessary to understand how flexible the applicant was in his current social relationships, how much scope and breadth he possesses in his social acceptance of people, what kind of outside activities and groups he is identified with, in order to learn how balanced he would be in establishing relationships in his job and profession. Unfortunately, the

second-ratedness of some social workers is attributable in part to the fact that they have lost perspective of the place of a job, not only in their life but in the total picture. Such people try to get from the job the qualities they should give to it. Their narrowly circumscribed interests in life are then frequently reflected in their insulation from any but the social work community. This kind of adaptation may affect the agency's role in, and contribution to, the community at large. We cannot accept merely the statement that the person is active as a member of an organized group. One reason for evaluating the applicant's activities is to understand how much emotional energy he has to put into things. One would also look for the quality of his participation. Does he take part because it is pleasurable or because one ought to? The real question is: What does this activity mean? A social worker must be sensitive to the larger social problems in the community, but his primary professional gratification should come from doing the job he is assigned and should not be diluted by an overabundance of outside activities. The person, whether candidate or worker, should be flexible, should see the need for professional development and growth, and should intend to derive this from his experience in his basic professional role whether with clients or members. An executive who wants to build up a professional staff needs to know the sense of conviction that the applicant has about his professional stake and that the applicant feels he is in the process of development and wants the agency to help him grow in his competence to give service.

It is recognized that the desirable qualities suggested are indeed optimal and are to be found in the so-called "well-integrated" person. In reality, many fully integrated people may not be found; if the desired optimum is strictly adhered

to in selection of candidates, few schools of social work would have a full complement of students. This appears to be true in related disciplines that struggle with the same problem of selection.

The basic problem for the evaluators in the field of education for social work, as well as for those in closely related professions, is to determine to what extent learning and performing in the profession would be possible despite the presence of some personality deficiencies and difficulties. In selection the question of the degree of variation from the desired optimum in each aspect of personality enumerated, as well as the evaluation of the total personality configuration, must be faced. Some personality patterns, such as the narcissistic-dependent, the essentially withdrawn, the compulsive with a rigid defense of intellectualization, the basically hostile, whether aggressive or passive in nature, seem to offer less hope of constructive use of professional training. It has also become clear that apart from the maturely integrated individual, there are personality patterns which do lend themselves to modification and growth in the educational and work experience—for example, the anxious dependent, still relatively immature individuals, who have adequate object world relationships and potentials for ego adaptive strength. They have demonstrated during training an ability to meet the demands of school and agency criteria for good performance.

After many years of effort in the area of student selection, I am convinced that nonanxiety in an applicant is a negative indicator. A healthy quantum of anxiousness is the factor that mobilizes and motivates and is the very force which is utilized for growth. How much anxiety and how much immaturity can be accepted in terms of potential for an ade-

quate utilization of an educational experience? We are much more sure at this stage that we look for an adequate object world relationship in which the individual can love and be loved as number one in importance. Anxiety without ego overorganization—in other words, a normal free-floating anxiousness—is second in importance. These people are really related to other human beings, they are not afraid of their feelings. We place the ability to relate to an object world relationship first because if a person does not have that and does have anxiety, we would seriously question his ability to grow. When there is a concealed or essentially nonexistent anxiety, defenses have moved in to protect it, and this fact may very well indicate a lack of personality plasticity and a nongrowth potential. Although these individuals may often possess a seductive quality, they are essentially ego-manipulative and depersonalized, not caring for anybody but self. They are unrelated and insensitive because they do not feel.

Regardless of the special theme of our agencies, what personal qualities do we look for in the applicant and hope to discover about him in the employment interview? Can we accept the statement that the personality characteristics one seeks in a graduate would not be far different from what a graduate school of social work seeks in its candidates? The professional educational experience, we hope, adds to the maturation of these qualities, but the potential for such growth must be present in the initial instance.

Papers presented at the 87th Annual Forum may also be found in *The Social Welfare Forum, 1960*, *Community Organization, 1960*, and *Mental Health and Social Welfare* (all published by Columbia University Press); and in *Case-work Papers, 1960* and *Social Work with Groups, 1960*, information concerning which may be obtained from the National Conference on Social Welfare.







**READINGS ON FORUMS IN  
SOCIAL WELFARE**

**Selected Papers from the  
National Conference on Social Welfare**

**Compiled by:**

**Joe R. Hoffer, Executive Secretary  
National Conference on Social Welfare**

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### Foreword

Conferences have an established place in contemporary life. People with common interests come together in small and large groups, for varying lengths of time, to exchange ideas, to improve their ability and services, to take collective action, or to achieve some definite or loosely-defined goal. The forum is another common feature of present-day society. In many instances, the forum is a major element in a conference - the term "forum" as used in this pamphlet refers to a conference which is open to all interested persons on a voluntary basis. Its purpose is the giving of information to an adult audience for the use each member of the audience may be able to make of it. Frequently question or discussion periods follow the presentation of information through lecture, dialogue, or panel discussion.

In the social welfare field, conferences and forums have an established place. Specialized groups in the welfare field meet regularly or at special times, to achieve a more or less defined purpose with a limited audience. In the broad field of social welfare, general conferences attract many more people. At these, the components vary, but the major element is the conduct of a forum for a wide, unrestricted audience. Supplemental elements include other educational opportunities such as exhibits, consultation services, workshops or institutes. In addition, at many of the general conferences, associate groups hold meetings before, during or after the forum session of the conference. At present, the National Conference on Social Welfare attracts from 4,000 to 5,500 people to its annual forum. State conferences on social welfare, held by organizations whose sole function is the conduct of a forum and by other agencies who also perform other functions, attract over 40,000 each year. The International Conference of Social Work draws about 2500 to its biennial meetings.

The National Conference on Social Welfare has had a significant role in the development and operation of the other general conferences in social welfare, largely because it has been fortunate enough to have paid professional staff for many years. It has provided consultation service to state conferences and provided secretarial services to the association of directors of such conferences (which has recently joined the directors of state planning organizations to form the Association of State Conferences of Social Work and State Planning Organizations). The Executive Secretary of the National Conference is also Secretary General of the International Conference of Social Work and the Assistant Executive in New York, serves as Executive Officer of the International Conference and Secretary to the United States Committee of that Conference.

As in other aspects of social welfare, the conference function and the forum function are receiving critical study. It seems apparent that the full potential of these resources for education of those working in the field of social welfare and of the public has not been realized. At the State level, the need for the institution or expansion of other functions on a State-wide basis, e. g. research, planning, and community organization functions, is recognized by many. As con-



sideration is given to these the role of the broad forum in social welfare at the State level should also be clarified.

In writing and in practice, there has not been developed a precise use of the terms "forum" and "conference" in relation to broad adult-education meetings in the social welfare field. The term "conference" has much wider usage. Even this term has not received too much attention in social welfare writings.

Recognizing the frequently expressed need for published materials about conferences in social welfare - the major element of which is the large forum - this pamphlet has been assembled. It contains writings (many of which have not had wide distribution and are therefore not generally available) by persons connected in some way with the National Conference. Many of the items included were signed by the compiler, though the Conference staff - Ruth Williams, Ralph Price and Eula Wyatt - contributed to most of them; one was written by the Assistant Executive Secretary; two study reports were written by an outside research group and a study commission of the Conference respectively; one study report on the International Conference of Social Work by an outside researcher; still another was prepared for a meeting of two Associate Groups at one of the Annual Forums of the NCSW. A minimum of editing has been done on the papers. Brief explanatory notes or comments precede each item in the pamphlet. The compiler is grateful to Anna Schneider for the editorial work and assistance in the final selections.

This compilation was assembled primarily for those concerned with planning and administering large forums on social welfare at the state, national and international levels. However, it is hoped it will also be useful to social welfare administrators who must consider the extent and nature of staff attendance and participation at such conferences; to agencies and individuals who contribute to the support of such conferences; to schools of social work which are in a position to consider and train for the task of conference administration, and to evaluate the value of conference attendance or participation for the development of the competence of social workers; and to individual volunteers and career persons working in the social welfare field. It may also be useful to persons interested particularly in specialized conferences in social welfare, as well as those interested in inter-disciplinary conferences.

Joe R. Hoffer

## PART I

### THE MEANING OF THE TERM IN THE TITLE

It is appropriate to begin treatment of a subject with a definition of its terms. In this instance, it is not feasible to do this with precision. However, it does seem wise to provide as clear a definition as possible, as a basis for the more detailed papers in this collection. Hence, this part consists of papers that relate to the terms "social welfare" and "large forums in social welfare" in general.

#### A. Social Welfare - In General

If the readers of this pamphlet were asked to describe the difference between the terms "social welfare" and "social work", probably most would agree that "social welfare" is a broader term. There might be some agreement that "social work" is a professional discipline through which much of social welfare programs are administered. But a lack of complete agreement would indicate that there is considerable room for clarification of the two terms. Two papers in this section, in which the term "social work" is used in the title rather than "social welfare" consider both terms and indicate that in some instances the two terms are used almost interchangeably.





"The Changing Concept of Social Welfare"  
by Joe R. Hoffer

Presented at the Luncheon of the Phoenix and Tucson Chapters, National Association of Social Workers, at the Arizona State Conference of Social Welfare, March 26, 1958

This paper presents an analytical consideration of some basic ideas and principles that could be used in analyzing the present status of any major field of activity. It considers the effect of a major element in our present society - change, the things that prevent progress, and tools that might be used to make progress. This paper is provocative, rather than informational. It suggests the breadth of approach desirable in planning large forums on social welfare.

Social welfare is changing constantly. A moment's reflection brings to mind many recent changes. Of interest to us as social workers, in particular, is the emerging emphasis on social welfare services for all peoples in the world community - a community growing smaller and one in which the change in any one part affects all the other parts. Sputnik gave us a severe psychological and emotional jolt - a rude awakening by its surprise appearance on the cosmic scene. Our cherished egos and illusion of superiority were shattered.

It was a terrible shock to some people to realize that we are not the best in every thing -- it may be a blow to some social workers that even in social welfare we can learn from other countries.

The 83rd Annual Forum of the National Conference on Social Welfare held in St. Louis in 1956, had as its theme "The Challenge of Change." Benjamin Youngdahl, Dean of the George Warren Brown School of Social Work of Washington University, in his presidential address said, "The challenge of change is a challenge to take a look at ourselves and our institutions on an objective basis... It does not mean that we should abandon everything that we have learned or stood for in the past," 1 /

The Eighth International Conference of Social Work held in Munich, Germany during August, 1956 was privileged to hear a noted English scientist, Professor Richard M. Titmuss, speaking to the theme "Industrialization and the Family." Twenty-seven hundred delegates from 55 countries heard him say, "What we are thus witnessing, on a wider scale than ever before, is a demand for change, the motive force which lies in the idea of progress, material progress, the idea that ruled the life of Britain in the nineteenth century." 2 /

It is from these two great forums, our own Annual Forum (long affectionately called the National Conference) and the growing, exciting international forum (the ICSW, patterned after our own Conference, brought into existence in the 20's and since the last war holding biennial meetings - Paris in 1950, Madras in 1952, Toronto in 1954, Munich in 1956 and Tokyo this year) - it is from these that I wish to draw the problems and to propose a course for meeting the challenge of change.

First, it is important for us to begin with some tentative formulation of the major challenges of change. Next, we shall discuss three of the walls or obstacles which prevent us from meeting these challenges. Thirdly, I would like to suggest some of the bridges or ways in which we can overcome these obstacles. Finally, I would like to propose ten basic questions we should answer during the next ten years - questions which will require our best thinking.

#### Eight Challenges of Change

The challenge of positive peace is foremost in the minds of mankind. Our world community is like our local community - one part affects all parts. Without positive peace - a peace without hot or cold wars - the hopes and aspirations of this and future generations will not be realized. Social workers must join with other citizens in building this kind of a peaceful world. As professional workers, we have an obligation to inform ourselves about developments in the expanding field of international social welfare and, if the opportunity presents itself, to participate in international programs.

Closely related to challenge of positive peace is the newest challenge facing us -- that presented by recent developments of the conquest of outer space. Although it is difficult for us even to imagine the nature of the problems that will result from recent developments, there is no doubt that we are living in a vastly different world from that of only two years ago when Mr. Youngdahl called on us to take a look at ourselves.

The challenge of atomic energy is a challenge which is already giving rise to fundamental questions of policy on which each of us as individuals must reach a decision.

Civil liberties and equality of opportunity must be afforded all our citizens. The decisive Supreme Court decision climaxed years of deliberation and established the legal basis of justice. We can help by using our special skills to change existing attitudes and soften the emotional tensions which prevent immediate acceptance of equality for all.

This means a frank look at ourselves, our agencies and our communities -- the challenge of civil liberties and equality of opportunity is not hundreds of miles away but it is right in our front yard.

Automation is creating major changes in our business and industrial life. It will, in some respects, change the worker - change his functions, his qualifications and his mode of life. Workers will have to make troublesome readjust-

ments. Caseworkers will be called upon to assist the unskilled, the untrainable, who will be in reduced demand. Group workers will have greater demands due to the increased leisure and the need for more group life. Community organization workers will face new problems with the increased dispersion of industrial plants and the upgrading of communities. Automation is a new and exciting challenge for you.

Population movements and changes are important to social planning. Services must be located where people can use them and must be adequate to meet the needs. Problems of administration and financing will increase and become more complicated. Most suburbs cannot finance the many different services available in larger communities. Therefore, more generalized services are needed because programs specializing in narrow service areas or for specific age agroups would be wasteful and extravagant. National agencies and local autonomous agencies in large communities must explore new methods of cooperation to meet this new challenge - the dual challenge of meeting the social needs of peoples living in suburbs and of our increasing population, especially among children and the older citizens.

We are dealing with a social world in trouble. The deepening recession, the increasing inflation and the continuing tensions and crises in international relations are only outward symbols of our difficulties. There exist many serious gaps in our present social welfare services. These include additional services for the juvenile and adult delinquents, for the mentally retarded children, for the physically and mentally ill, and other needed services for individuals, groups and communities. The facilities which a community requires to meet the needs of people without jobs require strengthening. The responsibility of voluntary agencies in a situation of unemployment should be clarified and plans developed with governmental organizations to strengthen existing resources to meet the needs of people as far as possible. <sup>3/</sup> This challenge you know and understand well. . .

Major efforts of social workers and social welfare organizations have been directed to the treatment of social and emotional ills. We must give attention to the prevention of these ills. In recognition of this as one of the great challenges facing the social welfare field, the National Conference Program Committee has selected "Accent on Prevention" as the theme for the 1958 Annual Forum in Chicago this May.

These eight challenges: Positive Peace, Outer Space, Atomic Energy, Civil Liberties, Automation, Suburbia, Serious Gaps, and Prevention are not necessarily all the challenges we face. Others could be added, but I believe these are among the most important ones. We can therefore turn our attention to the questions of how we can meet these challenges.

#### How Shall We Meet These Challenges?

Foreign observers of the American scene, with considerable justice, often charge us with an over-simplified approach to problems and issues. Our prac-



tice, they say, is to sum up even the most complex situations in cliches -- decide that one side is hopelessly wrong and the other everlastingly right, and then insist on a quick, easy sloganized solution. This approach, needless to say, will not meet the challenge of change.

Throughout civilized history there have been two symbols which have had significance for society. The first is the wall and the second is the bridge. Such historical walls as the Walls of Jericho, the Great Wall of China, the walled city of Dubrovnik and others served a useful purpose when they were built. However, they belonged to a static society and when changes occurred, these walls, massive and well constructed, could not save the occupants from the effects of these changes. The symbol of the bridge represents a more positive and realistic contribution to our society. It represents progress and a reaching out to others which result in mutual aid and cooperative efforts. The International Bridge connecting Canada and the United States, the bridge of ships which helped save the world from the scourge of Nazism, the many bridges which facilitate easy travel within a metropolitan area -- all these bridges help to clear the walls which peoples have built around themselves and which block growth and progress.

Social welfare has walls now which hamper our activities and progress. I would like to suggest three.

### Three Walls Which Prevent Progress

The wall of inadequate personnel includes three segments: shortages (involving questions of utilization, job content, flexibility), specialization and recognition. On each of these segments I wish to make but a brief comment.

Today, the demand for personnel exceeds the supply. The Common Service Committee on Personnel and Administration of the National Conference will hold several meetings at the Chicago Annual Forum on the problems of the chronic shortage and more effective utilization of personnel. Major emphasis will be on ways and means of meeting this increasingly grave problem.

There is no discounting that the social work profession competes unfavorably with other professions in salaries available to beginners. While there has been some improvement toward solving this problem much remains to be done. Social workers should receive what they are worth. Shortage of personnel is not a temporary one and social work can no longer put off the day of solving this vexing and troublesome problem.

The field of social welfare lacks adequate definition of the content of its jobs. This deficiency has handicapped the profession in providing appropriate education and in utilizing most effectively the trained workers who are already in the field.

"Flexibility in our attitudes is imperative if there is to be change. This will involve a willingness to experiment and to try new things, to do things differently to meet the problems and pressures of our dynamic society." <sup>4</sup>/ Speakers at

recent Annual Forums have suggested a number of possibilities which challenge many of our cherished attitudes - employment of technicians for activities now performed by professional workers, sacrifice of the hierarchy of supervision, reduction of paper work, a shorter training period and more and better interpretation of our services.

Next to the shortage of workers, specialization presents some problems for us. Wilensky and Lebeaux<sup>5/</sup> point out that "basically, interdependence in an industrial society arises from the division of labor."

The field of social welfare and the profession of social work have prospered and reached their present high level of performance to a large extent because of the emphasis on specialized and technical service. Methods and techniques have been refined because of specialization. Funds have been raised primarily to meet special problems. With the tremendous and continuing growth of scientific knowledge about human relationships, we must accept the inevitability of a related increase in specialization.

Specialization, with all its benefits, will prevent us from meeting the challenges of change unless it is built upon a broad base of social welfare - each specialty understanding what the others offer, possessing a grasp of the philosophies and mastering the techniques of cooperation and interaction.

Finally, social workers are concerned increasingly with the lack of recognition by the public. A layman<sup>6/</sup> writing in a leading business magazine had this to say about our concern of the lack of recognition. "The one aspect of the Atlantic City Conference which seemed more significant than anything else, was the frequency with which speakers at session after session said, 'We have failed -- we have failed to convince our communities of the importance of our profession, of the validity of our techniques, of the urgency of the human needs which can be met fully only with much greater appropriations and with the greater expansion of our work. The question of how social workers could achieve greater community recognition recurred again and again.' " Although he was reporting on the 1948 Annual Forum of the National Conference, this dual problem of status and community recognition still pursues us. It also prevents us from securing full acceptance by the public and realizing the full potentialities of social work.

Tradition surrounds us on all sides. Social welfare has inherited some basic attitudes from the past which continue to haunt us. Early attitudes toward poverty -- as expressed by the framers of the English Poor Law Revision of 1834 -- was that the plight of the poor was evidence of moral weakness to be eradicated by severe administration of relief. Americans have held to the older traditions longer than they survived in the parent state.

The attitude that anyone can do an acceptable job in social welfare, that is anyone with common sense and a service motive, has survived for many years and needs to be discredited along with the others if we are to make progress.

The third wall is isolationism. Many social workers are job centered. Too many are not too concerned about community matters or matters outside their jobs. We often fail to see the relationship between local and state, state and national and national and international.

We tend to isolate ourselves in other ways as well. Harold Laski once said that the expert has many limitations. One of these limitations was his tendency to develop a dangerous caste system. Experts are not sensitive to the contributions from allied fields and the role of the layman. We often ignore the relationship or interdependence with the other disciplines, i. e. social sciences, religion, etc.

This wall of isolationism presents not only a challenge but an opportunity for us to make our fullest contribution to social and economic improvement.

These walls - the walls of inadequate personnel, tradition, and isolationism - though formidable are not insurmountable. However, it will take the combined efforts of all segments of the social welfare community - active laymen and professional - to scale these walls. An examination of the manuscripts from recent Annual Forums suggest a number of bridges or solutions which may help.

#### Four Bridges to Breach the Walls which Surround Us

The first bridge is education. The term education is used in its broadest sense - professional education, inservice education, refresher courses, forum activities and personal development. Professional education cannot in the foreseeable future meet all our educational needs. This is understandable because first, the requirements for a professional person cannot be met fully in the relatively brief academic period. Secondly, the potential capacity of the schools cannot meet the demands for personnel. Agencies will have to be more creative in designing their inservice education to capitalize on the generic education of the graduates who come to them.

The forums - local, state, national and international - have a responsibility to supplement and complement the educational and training programs of the schools and agencies. They should provide free, critical discussion and examination of basic social and economic issues and problems, consultative services on specific job problems, emphasis on the generic problems in the social welfare field, and a climate which will encourage cooperation and joint activity on the part of all segments of the social welfare community.

Research can be another bridge. We have been accused of shying away from objective and scientific observation of our methods and techniques. Yet, research and scientific inquiry can validate our professional practice and give us confidence and status. We must be willing to relinquish those things which have outlived their usefulness. It is one of the marks of a profession that its members consciously work toward the advancement of knowledge in their field.



The search for new knowledge will break down the wall of isolationism.

The third bridge is teamwork. The need for real teamwork -- between agencies and specialties, between volunteers and professionals, between public and voluntary programs and agencies -- was at the heart of the 1957 Annual Forum theme, "Expanding Frontiers in Social Welfare."

Here is an area where there is much to be done in the social welfare field and where each of us has something to offer. With the multiplicity of agencies and groups concerned with social welfare, teamwork is imperative. The growth of diversity in the community structure suggests that an individual agency cannot go it alone in the future. Teamwork is necessary to avoid waste and duplication of money and effort and to adjust and relate the resources of the agencies to the social welfare needs. It is also necessary to bring about socially desirable changes in the community.

The nature of the social welfare field requires that there be a partnership between active laymen and professional social workers. Social welfare is everybody's business. Without a sound partnership built on mutual understandings, mutual respect and an acceptance of responsibilities, the walls we have described will continue to hamper our progress. Laymen must recognize the technical knowledge and skills which professional social workers possess and should permit them to discharge their responsibilities and obligations without unnecessary restrictions. The professional social worker must recognize the paramount role of the laymen in policy determination and welcome them without reservation as an equal partner.

It is an accomplished fact that most of the social services in this country are supported by tax dollars. Public agencies are meeting and will continue to meet the mass welfare needs of our citizens. It is also generally recognized that voluntary agencies are essential in a democracy. What has not been fully accepted by these two important groups is that here again a partnership must be established. In a partnership each partner has equal status and should be awarded equal privileges.

Considerable attention was given at both the recent Annual Forums of the National Conference and the Munich International Conference to the need for developing closer relationships and rapport between social work and the allied fields. We are not different from other professions in that we tend to prescribe our brand of medicine for the ills of the world. However, we must accept the fact that while social work has a challenging responsibility in this tension ridden world, it cannot go it alone.

The proceedings of our national and international forums reveal many examples of useful joint efforts in rehabilitation (e. g. medicine, social work, psychology, and vocational counselling), in industrial welfare planning (e. g. social work, personnel management, psychology, and nursing), and in community development (e. g. social work, agricultural rehabilitation, public health,



and fundamental education). All begin from a common vantage point - the awareness of need. Solutions come from realization of the contribution of each profession.

Individuals and local and state organizations should participate in and support planning and coordinating bodies such as welfare councils, state organizations, and national organizations like the National Social Welfare Assembly, American Public Welfare Association, the Council on Social Work Education, and the National Association of Social Workers. These are the organizations which will help us build the bridge of teamwork.

The fourth bridge should be across political boundaries. The welfare of people and the use of social work skills - these know no political boundaries. Since World War II we have seen tremendous changes so that today we can truly say that social work has become an international activity. The United Nations has recognized social work as a form of professional service performed throughout the world.

Contributing to this development have been a period of growing interdependence among the nations of the world and an increasingly close relationship between economic and social problems. In order to live in the new world-community which has been created, we must become world citizens if we are to deal with international problems and build a secure and peaceful world.

These are the bridges - Education, Research, Teamwork, and the use of skills across Political Boundaries. If we plan them with vision and foresight and build them with good materials, they may help us to lower some of the walls, and give us more mobility and flexibility to meet the challenges of the changes facing us in the next decade.

#### Ten Basic Questions for Social Welfare

Our challenges, walls, and bridges pose questions which have been outlined for us by many leaders in our recent national and international forums. It is difficult to select the most vital questions which should command our attention during the next decade. However, the following questions - are presented for your consideration as being those on which we should make decisions.

1. How can we create a wider public understanding and appreciation of the basic character of social work in our social order?
2. How can we meet social needs in such a way as to preserve voluntary citizen initiative and protect the rights of specialized interest groups?
3. How can we secure maximum benefit from both citizen participation and professional contribution?
4. How can we meet personnel shortages without sacrificing standards?

5. How can we develop leadership and social statesmanship?
6. How can we make a constant appraisal of and adaptation of our services to the changing character of our population, family structure, and community changes in both rural and urban areas?
7. How can we achieve the advantages of centralization of planning, of financing, and of social policy and action without sacrificing autonomy and growth of diversity within our community structure?
8. How far can we progress in solving the problems of:
  - a. racial and cultural integration;
  - b. medical care;
  - c. federal-state relations;
  - d. relations between public and voluntary agencies;
  - e. corrections;
  - f. rehabilitation;
  - g. chronic illness.
9. How can we correlate social with physical planning and public fiscal policy?
10. How can we relate what we are doing in social welfare at home to what is going on in the rest of the world?

Are these the kinds of basic questions that you are discussing today in your staff and board meetings, in your professional associations, and at your local and state conferences? These are questions with which you must be concerned over and above the technical problems which you face in your day by day work.

In conclusion:

These ten questions should, in my opinion, engage our attention in the next decade. Our various forum programs - local, state, national and international should highlight them and help us in our search for the best solutions.

Meeting the challenge of change provides an opportunity for every individual and organization in social welfare. An opportunity to discharge your obligations and responsibilities in a changing world - a world in which the problem is not merely to consolidate the gains of the past, but to innovate, to go forward with new ideas and new plans to meet the challenge of change at home and abroad.

Footnotes

- 1/ Benjamin Youngdahl, "The Challenge of Change," Social Welfare Forum - 1956, Columbia University Press, New York, 1956
- 2/ Richard M. Titmuss, "Industrialization and the Family," Proceedings of the Eighth International Conference of Social Work, International Conference of Social Work, New York, 1957
- 3/ The Role of Voluntary Agencies in a Situation of Unemployment, National Social Welfare Assembly, Inc., New York, 1958
- 4/ Rt. Rev. Msgr. Edward E. Swanstrom, Chairman, Committee on Personnel and Administration, "The Chronic Shortage of Personnel in the Field of Social Welfare - a Challenge to Both Schools and Agencies," unpublished manuscript, May, 1956
- 5/ Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare, Russell Sage Foundation, New York, 1958
- 6/ Benjamin B. Kendrick "The 1948 National Conference of Social Work," American Economic Survey, 1949
- 7/ Many of these questions were adapted from "Basic Issues and Problems," The Conference Bulletin, National Conference on Social Welfare, Summer, 1956

"Social Welfare -- Accent on Prevention"  
by Joe R. Hoffer

Editorial in the National Conference Bulletin of the National Conference on Social Welfare, Winter, 1957, p. 2

This brief excerpt calls attention to an aspect of social welfare that has received comparatively little attention from the public and from legislative bodies, as well as from social workers and conferences on social welfare. Although the maximum efforts toward prevention must probably await years of intensified research into the causes of social breakdown and the effectiveness of various methods of meeting need, increased attention could well be given to prevention in the interim.

The Roman god Janus had two faces so he could see forward and backward. January, as we know, was named after him. Social welfare, it might be said, has always thought of itself as having two faces - treatment and prevention. A review of the National Conference Proceedings, however, reveals a dearth of manuscripts with prevention as the major focus.

It is appropriate, therefore, that the Program Committee should select "Social Welfare -- Accent on Prevention" as the theme for the 85th Annual Forum to be held in Chicago May 11 - 16, 1958. This theme was chosen because there appears to be a need to give more attention to this responsibility at the present stage of our development, particularly in view of the emphasis which treatment has received in most of the meetings at recent Annual Forums.

Prevention means early discovery, control and elimination of conditions and situations which potentially could hamper effective social functioning. This, of course, implies a knowledge of what these conditions and situations are.

Certainly social workers and social welfare organizations should be in a unique position to assist in eliminating, controlling and following up on individual or environmental factors which create problems for individuals, groups and communities.

There is a need now for much creative thinking and direction if social welfare is to make its full contribution in the prevention of social ills. It is my conviction that, in spite of the values of collective group techniques, the occasion calls for individual testing of the validity of social work concepts by their practical results, which has stimulated much of our progress and enabled social welfare to take its place among the important fields whose purposes are the enrichment of the lives of peoples throughout the world.

1. The first part of the report deals with the general situation of the country and the results of the survey. It is divided into two sections: the first section deals with the general situation and the second section deals with the results of the survey.

2. The second part of the report deals with the results of the survey. It is divided into two sections: the first section deals with the results of the survey and the second section deals with the results of the survey.

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4. The fourth part of the report deals with the results of the survey. It is divided into two sections: the first section deals with the results of the survey and the second section deals with the results of the survey.

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6. The sixth part of the report deals with the results of the survey. It is divided into two sections: the first section deals with the results of the survey and the second section deals with the results of the survey.

7. The seventh part of the report deals with the results of the survey. It is divided into two sections: the first section deals with the results of the survey and the second section deals with the results of the survey.



**"Major Issues, Problems, and Trends in International Social Welfare"**  
by Joe R. Hoffer

Presented at the Round Table of the American Public Welfare Association, Washington, D. C., December, 1959

This paper urges social workers in the United States to broaden their horizon and to develop their capacities through study of social welfare in other countries, citing two major organizations that can be used for these purposes.

**A. Introduction**

Governments are becoming increasingly aware that political power depends on improvement in social conditions of people. This development, together with the twin concepts of the interdependence of communities and nations, and the interrelationship of social and economic problems, propels social workers into a position of responsibility -- a new responsibility for public and voluntary social welfare agencies everywhere -- to sit down together, and with representatives from other fields to ascertain needs and to pool resources so there can be continuous improvement in the living standards of peoples around the world.

It is an undeniable fact that what is happening on the international level has a direct bearing on the affairs of every local community, whether that community is in the United States or in Asia or Africa. This fact makes it imperative that every social worker, regardless of the pressing demands of his immediate job, should become aware of the major issues, problems and trends in international welfare and make some contribution, either individually or collectively, to resolving these issues and problems.

It seems to me that there are some logical questions which arise from these assumptions. What do we mean by international social welfare? What are the major issues, problems and trends in international social welfare? What are the obstacles to resolving these issues and problems? What are the hopes for the future? What are the concrete signs of progress?

**B. Questions Arising from Stated Assumptions**

1. What do we mean by international social welfare? International social welfare is a term that is often used to describe a program of a single foreign country, for example, a children's institutional program in India might be designated as international social welfare by U. S. social workers. This should more correctly be classified as a social service in a foreign country.

For purposes of this presentation, international social welfare includes comparative social welfare of two or more countries and international social services. In the latter category there are two principal groups: (a) intergovernmental and

inter-country voluntary social services; and (b) the common core of social work -- philosophy, problems, methods and practice -- as found in several different countries.

When we speak of international social welfare we mean several things. We mean the growing awareness that there is a common core to social welfare in all parts of the world. We know that the character of services offered, the methods by which they are extended, and the persons eligible to receive them differ from country to country -- indeed, from place to place and from time to time within a particular country. We mean, too, the growing trend by which social services are offered or established in one country with the assistance of social workers from other countries. This is something with which the voluntary agencies and church groups have been familiar for many years -- but it was only with the work of UNRRA in World War II that such activities were undertaken on a large scale under governmental auspices. Since the war this concept has also been established on a regional basis as in the Pan American Union and the Colombo Plan -- and on a bilateral basis as in the technical assistance phase of the U. S. Mutual Security Program. Along with the principle of extending technical help has come the realization now beginning to be widely accepted that all social workers can benefit from the knowledge of social work in other countries and that all have something to give and to receive.

One evidence of the coming of age of international social welfare is the fact that the United Nations has recognized social work as a form of professional service to be performed throughout the world. In the educational field, this coming of age is evidenced by the fact that "schools of social work throughout the world, with the encouragement of many governments, are struggling to achieve what might be called a common educational goal." <sup>1/</sup>

There is a growing recognition of the relation of social well-being for the people of the world and world peace. Our profession, by virtue of its objectives and its deep conviction of the individual worth of man, should have a great contribution to make. Just as soldiers, lawyers, engineers, doctors, economists, and bankers have become internationally minded, the individual social worker must also expand his horizons so that the profession can make its contribution and translate its professional objectives into living reality throughout the world.

What are the characteristics of international social welfare which give it this unique opportunity to contribute to social well-being? Can it be defined? Social work grows out of and is constantly influenced by evolving economic, social, political, and cultural trends. But an examination of the International Conference of Social Work Proceedings and the U. S. National Committee Reports over the past 30 years discloses some basic concepts which have received general acceptance:

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<sup>1/</sup> Katherine Kendall, International Development in Social Work Education, United Nations, 1952

1. The well-being of society is dependent upon the recognition, preservation and enhancement of the intrinsic worth of the individual;
2. Individuals, groups and communities unable to provide needed goods and services for themselves have rights to such goods and services as are essential to their basic well-being;
3. Governments have a responsibility to provide these goods or services through other channels; or to ensure that they are provided;
4. Individuals, groups, and communities (normally) can best help themselves if assistance to them is provided in a manner which preserves their dignity and fosters their strengths and reserves to them the responsibility of control over their own affairs;
5. Prevention of social ills is preferable to mere treatment. Constructive and positive promotion of well-being is preferable to prevention alone.

There should be little difference in the basic philosophies held by social workers whether they serve in underdeveloped or highly developed areas. In a fundamental sense there is little difference in the basic skills required -- the ability to analyze social conditions, to develop and utilize indigenous leadership, to understand the motivations and feeling of people, to work with people and get them to work with others.

2. What Are the Major Issues, Problems and Trends? We are living in an age which may be rightly called the revolution of rising expectations -- an age in which we are witnessing a revolution which has brought to the peoples of the world the realization that neither poverty nor disease is inevitable; that fatalism is an out-moded ethic; and that life, liberty, and the pursuit of happiness are within the reach of all.

In the world in which we live, there are a few islands of relative plenty in an ocean of human misery -- one half of the world is hungry and diseased, countless millions are homeless and two-thirds of the world is illiterate. Tyranny and conflict are cashing in on this human misery.

It is a world in which the rich grow richer at a faster rate than do the poor, thus widening the gap between the "haves" and the have-nots. It is a world in which the population is getting bigger, more mobile, and growing older. There are changes in the social role of the family, and social, religious, and cultural prejudices offer an ever present problem. It is a world in which easy and swift communication is creating one world.

Each of these problems and all of their manifold aspects is related directly to social welfare and has implications for both public and voluntary agencies everywhere, for the social work profession, and the social welfare field as well as for the closely related professions and fields.



What are the implications for you in this one world? A former Prime Minister of Pakistan once said "America cannot long remain an island of prosperity in a sea of poverty." President Eisenhower recognized the implications when he reported that "Economic need of all nations -- and mutual dependence -- makes isolation an impossibility. Not even America's prosperity can long survive if other nations do not prosper."

Vast differences prevail throughout the world in opportunities to bring the mental gifts and potentialities of people to fruition and expression. Although the processes of industrialization and urbanization are in motion, many countries suffer from low levels of economic productivity. This combination of industrialization, urbanization and low economic productivity produces a wide variety of social problems which are common throughout the world. These include: maladjustment such as delinquency and crime, broken families, poor housing, mental breakdown, dependency, ill health, and leisure time.

In general, so called under-developed countries attempt to solve these problems by a combination of voluntary and governmental action. Unfortunately, they face such serious problems as: shortages of trained or suitable personnel, lack of experience in working together and the acute need for planning and coordination. In desperation and hope they turn to the "have" countries and to the United Nations and its specialized agencies for assistance. The manner and form of this assistance presents one of the major issues in social welfare, i. e. multilateral vs. bilateral aid. The advantages of multilateral aid are that the program has a choice of experts from more than one country and there are fewer dangers of political motivation and pressures. In bilateral aid, the receiving country can develop a feeling of reciprocity with the donor country, but the dangers of political motivation and pressures are increased.

The giving countries and/or the United Nations and its specialized agencies have had considerable experience by now in providing assistance and although the needs have exceeded the available resources, there has been recognizable progress which offers some hope for the future. Before we analyze the nature and extent of this progress, I think we should examine some of the obstacles which must be hurdled.

3. What Are the Obstacles to Resolving These Issues and Problems? The major obstacles in resolving these issues and problems are of three types: the differing attitudes as to the role and place of social welfare in society, the social political, and cultural climate in the receiving country, and the lack of readiness of the social work profession and the social welfare field.

The differing attitudes about the role of social welfare in countries with various economic systems and political ideologies make progress at the international level difficult. For example, the Czechoslovakian delegate to the 12th Session of the UN Social Commission in May, 1959 criticized the Expert's Report on The Development of National Social Service Programs in these words, "Although the experts had acknowledged that priority should be given to the promotion of general welfare in the community, in the rest of the report they adhered

to a much narrower definition of social services as an activity aimed at helping toward a mutual adjustment of individuals and their social environment. Moreover, they had not taken sufficient account of the different economic and social systems and levels of development of the various countries." At another point in the discussion he continued, "Various documents took into account only one of the two types of social policy now prevalent in the world. That view was based on the assumption generally accepted in capitalistic countries, that social evils were inevitable and individuals and groups should be helped to understand their own problems and to solve them as best they could. That, then was the role assigned to social services. It was no doubt a useful one but it accounted for only a fraction of the work that had to be done to review the actual causes of social problems which was the objective of the Socialist countries. In those countries it was felt that the social evils arose out of the poverty of the masses, whose material living standards should therefore be improved." 2/

Another obstacle to progress is that there is little conviction here and abroad that social work can be of help in programs of economic and social development. And even those with conviction have not always articulated clearly the nature of the peculiar and unique contribution of social work. In addition, in many cases technical assistance programs are not developed primarily for humanitarian purposes but to provide markets for material goods and as a bulwark against political ideologies.

The social, cultural, and political climate in the receiving country often presents obstacles to the solution of its social problems. The current international tensions which magnify social ills require many countries to spend large sums of money on armaments, resulting in little funds for human welfare services. There is usually a lack of factual information on human needs and resources and some countries need help in compilation and interpretation of data before any plan can be developed.

Although officially people may look to government to solve community problems, prevailing attitudes, customs, or values sometimes oppose extension of government responsibility for certain groups within the population, e. g., care and protection of children. This may be attributed to the fact that in some countries voluntary agencies have traditionally played a more fundamental role in providing social services to children. Another factor is that other programs, e. g., health and nutrition, are generally better understood and are more readily accepted as a responsibility of government than is social welfare.

The lack of readiness of the social work profession and the social welfare field to make its maximum contribution to the solution of social problems presents us with one of our most imposing obstacles. We are well aware of our lack of qualified personnel not only to meet national needs but for foreign service. Not only is there a lack of qualified personnel but there is a lack of broad-gauged leaders in social welfare -- leaders who can qualify as social statesmen and who can represent social work and social welfare effectively in economic and political circles.

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2/ Spazil, Social Commission, May, 1959

Americans have tended in the past not to be linguists and therefore are at a disadvantage in international contacts. Added to this is the difficulty in communication resulting from a lack of common understanding of terminology, so that even within the same languages, different meanings are attached to the same words and phrases. A lack of common terminology is even more basic than language differences because it reflects different concepts and makes understanding difficult.

In most countries and in North America specifically, the social work profession and the social welfare field have not given adequate financial or other support to international social welfare. As of October 1, 1959 the National Conference on Social Welfare has agreed to provide the Secretariat for the U. S. Committee of the International Conference of Social Work. All the major national social welfare organizations have an interest in international social welfare, and it is hoped that in the coming months ways will be found for them to express this interest through active support of and participation in the U. S. Committee of the International Conference of Social Work.

Public apathy and the refusal of legislative bodies to enact legislation permitting, long-term planning or financing in the field of foreign aid, have contributed to the obstacles. Finally, the manner in which the "have" countries have dealt with their problems of racial discrimination and minority groups has affected their relationship with other countries.

4. What Are the Hopes for the Future? There is evidence that living standards throughout the world are rising, except in housing. This evidence is presented in the most recent United Nations report on the world social situation. Voluntary and governmental agencies are combining their resources, governments are working together and individuals are becoming aware of their responsibility.

In the records of WHO there is a story of a tough active doctor who was a project team leader in a developing country. He overcame great difficulties in a rather trying climate and personally treated 25,000 people. He reported that the government would not cooperate and that he could find no one to train. He therefore recommended that WHO pull out of the country. There was evidence that such action was not justified and he was replaced by another. The new doctor gained the government's confidence, trained a large staff which was able to treat 250,000 or ten times as many persons in the same period of time. After the second doctor left, the work continued.

The lesson in this example is obvious to a social work audience - the second doctor saw other peoples' possibilities, encouraged them to plan, and supervised their work. He demonstrated the qualities which we associate with social work, although we realize that we have no monopoly on them.

Social work has great potential resources for rehabilitation and prevention which we have refined with the help of other professions. Social work's potential contribution in economic and social development is in terms of the individual social worker's basic skills, including:



1. Understanding the dynamics of human behavior;
2. Skill in enabling the individual to utilize his own and community resources, working individually and in groups toward common goals;
3. Ability to translate a multitude of human needs and problems affecting the individual into practical solutions through social planning;
4. Ability to assess and appraise existing human resources and the potential of what people in the community working together can accomplish;
5. Knowledge of how to discover and develop indigenous and natural leadership.

We must recognize, however, that the techniques and methods for using these skills have been developed to meet unique needs in North America. They cannot and should not be considered directly applicable to the mass problems and cultures found over the world.

We are beginning to accept the concept that if the ultimate objective of a fuller life for individuals within the family and community is to be obtained, any service with that end in view should recognize the indivisibility of the welfare of the individual. Work by various departments or agencies is departmentalized, whereas the life of an individual is not. It is a complete whole. That is why it is necessary to deal with the problems of individuals in an integrated manner at the same time and not with any one aspect of life at a time. If any program is to make a lasting contribution to the welfare of the people, this important consideration should not be forgotten.

5. What are the Concrete Signs of Progress? Some of the concrete signs of progress may be summarized in a restatement of one of my original assumptions, namely, that governments are becoming increasingly aware that political power depends on the improvement of social conditions of the people. Governments bring to international councils a sense of responsibility based on the conviction of the importance of social questions in the lives of all people. Social work everywhere is in a key position to bring knowledge and information about social conditions and needs to the attention of governments.

Voluntary social welfare organizations and religious groups have continued their deep interest and sense of responsibility in international social welfare under severe limitation of funds.

Now let us turn to some of the positive official international developments. One of the main activities engaging the attention of the ICSW staff this year has been the meeting of the United Nations Social Commission. As you know, when the United Nations charter was drafted fourteen years ago, it was felt that in addition to the official roles to be played by member governments, there should be other channels through which people could make their views felt. This was arranged by providing for consultative status for international voluntary organizations

operating in the fields in which the United Nations is concerned. Thus, the ICSW has consultative status with the Social Commission -- which means that its representatives may participate in meetings of the Commission and make statements on matters which are of special interest to it.

The Social Commission is a body composed of representatives of 18 of the governments belonging to the United Nations. The five great powers are continuing members of the Commission. While the Commission has no power to legislate for the member governments of the United Nations, its views and recommendations can have an important effect on the policy of governments in the social welfare field. Since it now only meets every other year, its sessions have an added significance. Two important matters which were discussed last May were training of welfare personnel and organization of social service programs. The following specific actions were taken:

1. Authorized the convening of an expert group of key national social welfare officials selected from among member states at different stages of economic development and with different social structures to analyze recent national experience.
2. Called for a report for the Social Commission's next Session analyzing government and other comments on the two reports referred to above (Development of National Social Service Programs and Training for Social Work).
3. Made provisions for the supporting technical services required for planning and implementing the recently extended UNICEF program of aid to social services for children.
4. Declared itself in favor of placing greater emphasis on the social aspects inherent in the inter-related problems of population growth, urbanization and housing shortages -- with special efforts to develop social programs in all of these fields.
5. Urged member states to consider the social implications at all stages of economic planning and development, including the use of social experts, etc.

The growth of the International Conference of Social Work is, I believe, another concrete sign of progress. It has provided a market place of ideas for opposing viewpoints on a multitude of international issues in social welfare. It has provided an instrument of communication and understanding among individuals and organizations interested in the welfare of people -- and through this interchange of points of view, there has been opportunity for examining problems and the stimulus to work on the common solution of these problems. Inadequate funds for administration have limited its effectiveness. The ICSW must have financial support if it is to discharge its obligations and realize the high hopes we have for it.

The ICSW, in its 30 years of existence, has been preoccupied by such questions as:

- a. The role of social work as a profession, especially in relation to the development of broad social security problems;
- b. The future role of voluntary efforts in the face of ever-expanding governmental activities;
- c. The implications for social work education, especially in the light of a large number of individuals who are discharging social work responsibilities with little or no training;
- d. Finally, the relationship of individuals to government with special reference to the impersonal methods of meeting social welfare needs.

The review of the themes of previous international meetings is very revealing in terms of emphasis and contribution to the Conference:

1928 - Paris, France	No theme
1932 - Frankfurt, Germany	Family and Social Work
1936 - London, England	Social Work and the Community
1947 - The Hague, Netherlands	Social Work in the Devastated Regions
1948 - Atlantic City, U. S. A.	International Activities of Social Work - The Future Role of ICSW
1950 - Paris, France	Social Work in 1950 - Its Boundaries and Its Content
1952 - Madras, India	The Role of Social Service in Raising the Standards of Living
1954 - Toronto, Canada	Promoting Social Welfare Through Self-Help and Cooperative Action
1956 - Munich, Germany	Industrialization and Its Effect on Social Work, Family and Community Welfare
1958 - Tokyo, Japan	Mobilizing Resources for Social Needs

The Tenth International Conference of Social Work will be held in Rome, January, 1961. The theme will be "Social Work in a Changing World - Its Function and Responsibilities," which you will recognize as a subject having a great signifi-

cance for all parts of the world -- the highly developed countries as well as those to which we refer as underdeveloped. The United States Committee of the ICSW and thirty other national committees and groups are already at work developing suggestions for the Conference Program Committee and outlining plans for the preparation of their reports for the Rome Conference.

There is a task and/or a significant experience for everyone who is interested in participating. Several official educational study tours before and after the Conference will be announced shortly after the New Year by the ICSW. We feel that this is a golden opportunity for the novice as well as the expert. The world needs more international rallying points of unity -- centers around which men of different cultures and faiths can combine in common efforts to improve and promote the well being of the human race. The ICSW serves as a common voice of social welfare -- laymen and career social workers in all countries. Lester Granger, Vice-President of the ICSW, has said "In the ICSW the people have an opportunity to participate directly and effectively in the battle for men's minds which is going on around the globe." <sup>3/</sup>

Someone has said that an individual can only gain strength through an organization. While this is to a large extent true, nevertheless each individual can re-enforce himself so that he can make the most effective use of the existing organization.

#### C. Summary and Conclusions

The further we advance toward identifying the generic, the nearer we come to identifying what is universal. . . the more we clarify for American social work the concepts and methods that are common to social work in a variety of settings on the North American continent, the more clearly we can see what can be taught and used in settings throughout the world.

We can take heart in the promising fact that the world contains food supplies, materials and clothing sufficient for the entire earth's population. Our knowledge of medical science is already sufficient to improve the health of the whole human race. Our knowledge of education and welfare, if administered on a world scale, can lift the intelligence and well-being of our civilization. All that remains is to discover how to administer upon a world scale the benefits which some of us already have.

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<sup>3/</sup> Lester B. Granger in Boston, February 12, 1954



"Social Work in a Changing World - Its Functions and Responsibilities"

Statement by the Pre-Conference Working Party to the Tenth International Conference of Social Work

This report, which was printed in International Social Work, Vol. 4, No. 2 (April, 1961), and which will be included in the proceedings of the ICSW Rome meeting, was developed as a guide to conference discussions. A group of 30 delegates from 24 countries and 5 international agencies and organizations and 3 observers met in Milan from December 27, 1960 to January 2, 1961. This entire report is significant but the following excerpts are particularly pertinent to a consideration of the term "social welfare." (This report has some significance for the next section of this pamphlet, as it reveals a significant conference technique. As supplements to this paper, the reader may be interested in two papers that will appear in Community Organization, 1961, to be published by Columbia University Press - "The Function of Social Work" given by Dr. D. F. deJongh at the Tenth International Conference of Social Work, and "Observations of the Function of Social Work: A Discussion Based on Dr. deJongh's Paper at the International Conference of Social Work in Rome, January, 1961" by Herman D. Stein, D. S. W., the latter of which was given at the 88th Annual Forum of the National Conference on Social Welfare in May, 1961.)

Introduction

The theme of the Tenth Conference "Social Work in a Changing World -- Its Function and Responsibilities" is an expression of the challenge and the possibilities of our time.

The National Reports of the Tenth Conference, which were the natural basis of the discussions in the Pre-Conference Working Party, reflect this state of affairs from the points of view of the different countries. While it is impossible to indicate fully, within the limits of this report, the richness of their variety, the Working Party thought it necessary to summarize at least some of the main trends emerging from their comparison.

First, there is a constant broadening of the scope of social work, a widening of its fields of activity. In some countries, where poverty and other forms



of economic dependency had formerly been the primary concern of social work, the objectives now embrace welfare goals for the total population. While social work as a professional function is coming increasingly into contact with such special problem areas as industry, health, education, crime prevention, rural society in transition, community development and general problems of economic and social change, its emphasis has shifted from the provision of material benefits and a mainly "curative" attitude towards social problems to a more diversified set of services, a more constructive approach and an increasing accent on prevention. With more activity, there has come, in most countries, more recognition of the role of social work in society, a greater interest in social problems and how to tackle them on the part of political bodies, over-all planning organs and the general public.

Second, a broader scope of action is matched by greater diversity in forms of activity, within the wider connotation of the term "social work" or its equivalents, as between different countries, as well as in each country. There are, naturally, considerable differences between countries in different stages of economic development and with different social, cultural, political structures. These differences raise the question as to whether there can be and what are the basic similarities in the approach to social work in these various settings.

Third, social work has increasingly been recognized, in a majority of the countries, as a professional discipline, with its own identified body of knowledge, values, professional methods and skills which can be utilized in a helping activity with individuals, families, groups and communities. Special mention is made in many of the reports of the establishment of schools of social work to provide professional education. At the same time, the greatly widened scope of social work activity has underlined the contribution and necessary participation of non-professional personnel in the achievement of welfare goals.

Fourth, an increase is noted in the utilization of social workers in programs, agencies, and institutions whose main objectives lie outside the field of social work. This has involved team-work and collaboration with many different disciplines and types of personnel. Conversely, the field of social work appears to be utilizing more than before the contribution of other disciplines and personnel from other fields.

Fifth, a broader scope and greater variety of forms of social work give additional importance to problems of coordination of the different activities and to questions of achieving an over-all integration with other basic objectives of people in society (economic, political, administrative, etc.). Problems of policy, of planning, or organising and directing an ever-wider network of services, of developing techniques for interdisciplinary collaboration in handling social problems at all levels, from the individual case to general social action, seem to come more and more to the forefront of interest, to become for social work, the problems of today and of tomorrow. Opportunities for social work to become involved in policy making and to participate in coordinating and planning activities have been enlarged.

Sixth, there is under way a process of change in the role of government and of the State as agents of coordination and integration. While their role is increasing in the initial stages of the development of social policy and social planning, in the more advanced stages there are definite signs of a more comprehensive understanding of the terms "public" or "social" when applied to the different aspects of social work. While the role of the State might today be primordial in countries where it is necessary to concentrate all available resources and orient them toward strategic points of economic and social development, in other situations new alternatives to the state as "carrier" of public or social activities begin to appear. These activities, without of course reverting to the forms of "private" action from which they started in the XIXth century in Europe and North America, become more and more, as it seems, the concern of society at large, a fact that results in a greater participation of different non-governmental groups -- the users of the services, non-governmental organizations, professional associations, people employed in the different social work agencies -- in the planning and management of social work agencies and social services. The role of the State remains, however, important in providing integration of the social with economic and other aspects of development, framework planning, contributory financing and machinery for enforcement and control.

Seventh, there is, finally, emerging a greater need for clarification of the fundamental ideas and assumptions upon which social work is based, resulting in a stronger emphasis on research and systematic thinking. At the same time, there is developing a more definite consciousness among social workers of the specific nature of their activity and of the need for working together with a number of other professions in trying to achieve solutions for some of the composite problems of man in society.

Taking the lead from these major general considerations emerging from the National Reports, the Working Party planned its work along the following lines:

- to aim at high-lighting and formulating questions without trying to impose its view as to possible answers;
- to produce a report of value to the Conference as a whole;
- to try to give to the Conference a set of technical instruments in agreeing on some of the possible meanings of the terms employed in the National Reports and, especially, analyzing the definitions of social work submitted by the National Committees of 22 countries;
- to emphasize, in broad lines, the over-all setting and components of social change within which present-day social work operates;
- to concentrate on the framework problems of planning, policy, political setting and administrative organization of social work and social

services with due regard to the different alternatives depending on the stage of development and the social environment within which they have to operate, and stressing the questions of coordination inherent in their variety.

This report is accordingly divided into five main parts:

- I. Introduction
- II. Problems of Defining Social Work
- III. Characteristics of Change in Different Parts of the World
- IV. Planning and Development of Policy
- V. The Responsibility for Administration and Operation of the Social Services

The party split into four subgroups which did the preparatory work on chapters II-V of the report; this may account for some disparities or repetition in the text. Under the three substantive headings above (III-V) there are certain alternatives and recurring problems which were noted by the Working Party and recommended for attention to each of its subgroups. These are:

- 1. The difference in stages of development as between and within countries;
- 2. The distinction between an urban and a rural setting;
- 3. The problem of the determination of priorities;
- 4. The question of leadership and problems of personnel;
- 5. Problems of financing;
- 6. Interdisciplinary team-work;
- 7. Public education on welfare needs and services;
- 8. Difficulties confronting various groups of citizens participating in the management of social agencies and services;
- 9. International cooperation and assistance.

In submitting its report to the Conference, the Working Party is particularly aware of the contribution the ICSW and the social services in the widest sense can make toward developing and strengthening mutual understanding between the peoples of the world through objective and constructive study of the problems which different countries face, through the exchange of experience and experimentation with each other's methods in different circumstances.

### Problems of Defining Social Work

Definitions of social work submitted by the National Committees of 22 countries were found to reveal:

- (1) distinguishable differences and marked common characteristics in their conceptions of social work; and
- (2) unresolved problems in the delineation of the nature of social work, its tasks and the preparation of its personnel.

The Working Party agreed that it would be more useful to submit for the consideration of the Conference an analytical discussion of the emerging scope of social work, on the basis of the National Reports, rather than to give yet another one, or several, working definitions of the term.

#### 1. Conceptions of Social Work: Differences and Common Characteristics

No single conception or definition could do justice to the scope and diversity of social work as it is described in the National Reports. While the similarities which emerged are more marked than the differences, there is ample evidence that, in each country, social work is a dynamic activity continuously shaped by the social, cultural, political and economic conditions in the country concerned. The differences which exist appear to be largely differences not of kind but of degree and reside in:

- a. The extent to which a particular country establishes its social work objectives primarily in the interests of special groups of the population or of the population as a whole;
- b. The degree to which social work is recognized as a professional service provided by persons with a designated professional qualification;
- c. The nature and scope of the problems which fall within the purview of social work, either as a field of service or as a professional discipline; and
- d. The methods used in dealing with the problems falling within the purview of social work.

Those characteristics which appear to be common to social work, as it is described in a majority of the definitions, may be identified briefly, as follows:

- a. Social work is characterized by organized effort, through a range of programs, services and agencies under governmental and voluntary auspices, to promote social well-being and to prevent or alleviate social dysfunction.



- b. Social work emerges as an enabling or helping activity which takes the form of service to individuals, families, groups and communities. Frequent reference is made, in this connection, to professional social work methods, such as casework, group work, and community organization.
- c. Social work requires the involvement or participation of many categories of personnel, including professional social workers, non-professional workers in the social field, voluntary workers, professional personnel from other fields, and interested citizens.

The significant trends in the development of social work, revealed in the National Reports and summarized in the Introduction to this report, have also influenced thinking on the scope and nature of the concept, depending on the typical manifestations of these trends in the various countries.

## 2. Unresolved Problems

The National Reports, and the discussion of them by the Pre-Conference Working Party, brought to the forefront a number of unresolved problems which warrant the attention of the International Conference of Social Work, as well as other appropriate international organizations. These problems group themselves under the following general headings:

- a. Problems of definition. The fluid nature of social work in a rapidly changing world may defeat all attempts to capture more than its essence in an international definition. The possible danger of too early crystallization of the activity and the profession is also recognized. Nevertheless, it is believed that earlier efforts of the International Conference of Social Work and the United Nations in this direction should be reviewed and possibly used, at least provisionally. There is also a recognized need to delineate the difference between social work and other frequently used terms in the social field, such as social service, the social services, social welfare, etc. By way of illustration, the Working Party points to an attempt at clarification of some of these terms by a United Nations group of experts:

"Because the term 'social service' as used in various countries and contexts has widely different meanings, it was essential to adopt a working definition suited to the terms of reference of the group. Especially when used in the plural, it may be an inclusive term to cover the wide field of social programmes, such as health, education, home economics, housing, social security, labour, etc. On the other hand 'social service' is frequently identified with the field of professional social work and 'social services' is used to describe social agencies in which social work is the primary discipline... Accordingly, for the purpose of this report, social service is defined as an organized activity that aims at helping towards a mutual adjustment of individuals and their social environment. This objective is

achieved through the use of techniques and methods which are designed to enable individuals, groups and communities to meet their needs and solve their problems of adjustment to a changing pattern of society, and through cooperative action to improve economic and social conditions. The methods of approach to these problems, and the organized activity which is required to deal with them, involve a variety of governmental and non-governmental activities in a number of fields." <sup>1/</sup>

b. Problems of function, method and responsibilities. The movement from palliative to preventive service and the emergence of new concepts of community work would appear to require re-examination of the traditional functions and responsibilities of the social worker. New opportunities for service of a socio-pedagogical nature, in some parts of the world, may lead to the adaptation of current methods of social work or the development of new methods or both. The expanded scope of social work activity also suggests the desirability of greater emphasis upon social policy, social action, community planning, administration and research.

c. Problems of professional preparation. Possible changes in the functions and responsibilities of social workers and the enlargement of social work's sphere of activity will necessarily be reflected in the continuing evolution of programs of professional education. A number of countries have already acted upon or indicated a need for training at levels either below or above the standard of present schools of social work in their respective countries.

#### Planning and Development of Policy

The function of planning in the field of social work is to determine programme objectives, priorities in programme and ways and methods of achieving the objectives. Planning must be geared to the realities of a given society and be based on an assessment of the existing needs and availability of resources.

It is evident that there is an increasing interest in planning on a long-range basis in order to meet the needs of a changing society.

The dynamic nature of social work and of social change, mentioned earlier in this report, is reflected in national patterns of planning. In general it may be said that social policy was concerned at first primarily with the needs of special groups of underprivileged people with an emphasis on curative and restorative measures. But now planning is advancing to a concern for the whole population, with increasing emphasis on the prevention of social ills. This has led to an increasing awareness of the urgent need for social and economic policy to be considered together.

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<sup>1/</sup> United Nations, The Development of National Social Service Programmes  
Sales No: 60. IV. 1, 1959), p. 6

These facts are related to the auspices under which planning is undertaken. In the earlier phases, planning tends to be carried out by small groups. However, as larger sectors of the population become involved, the need for co-ordination becomes increasingly felt, which leads to the assumption by the government of greater responsibility for planning and policy formulation.

The terms "planning" and "development of policy" are used interchangeably in this report.

1. The Planning Process

Planning involves the setting of long-term objectives, as well as foreseeing steps to be taken in the implication of a programme. The steps in the planning process were well described by the 1958 Pre-Conference Working Party as follows:

- "1. Preparing for the decision by fact-finding and working out the alternatives and their implications;
2. convincing the community at large of the urgency of the needs as revealed, and of the necessity of taking appropriate action to meet them;
3. deciding; and
4. implementing the decision by setting up appropriate organizations and establishing services. "

In this broad sense planning and the development of policies is a fact of nearly every organized activity. It is carried on in a social environment and, therefore:

"is both influenced by and must take into account the demographic, economic, political, social, cultural and administrative conditions which prevail in the country concerned at the time when such policy is determined. It must also take into account the strength of public opinion and interest as expressed in non-governmental action to deal with certain social problems. " <sup>1/</sup>

2. The Limitations of Planning

In planning generally and in social planning in particular a number of factors, both technical and political, should be considered that limit the practical effectiveness of the planning process. These factors are:

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<sup>1/</sup> United Nations, The Development of National Social Service Programmes, (Sales No. 60, IV. 1, 1959), p. 9.

- a. All the factors in a given situation can never be completely known at the moment when it is necessary to put the plan into operation.
- b. Alternatives to the course of action taken can only be imperfectly appraised.
- c. Changes occurring during the period of time when the plan is being implemented, and particularly changes brought about by the implementation of the plan itself, can be only partially foreseen.
- d. In the planning of a complex social activity the apportionment as between the different elements involved sometimes presents considerable difficulties.
- e. Planning at a high general level pre-supposes, to a certain extent, a centralization of powers necessary for fact-finding and for the implementation of the plan. Political limitations to centralization, which, for instance, may occur in order to safeguard local autonomy or be brought about by political expediency, are liable to detract from the effectiveness of central planning.

There is, however, nothing inevitable in these difficulties. In meeting them two lines of thought might be fruitfully pursued:

-- Social services can best be planned as a continuous, ongoing action, based on a stable yet flexible organizational structure. The necessary corrections are made as the cycle of planning -- implementing -- controlling and evaluating a given action unfolds.

-- Techniques of planning can and should be improved generally, especially different methods of framework-planning and indirect measures in policy implementation.

An important part of planning is setting realistic priorities. In the determination of priorities in the field of social services, consideration must be given to such questions as the emphasis to be given to preventive and curative measures, short-term and long-term projects, programmes directed to small special groups and those directed to the community as a whole, and rural and urban programmes.

### 3. Methods of Assessing Needs and Evaluating Effectiveness of Services

Adequate measures of assessing needs are essential in a rapidly changing situation and require special consideration. The importance of fact-finding and research prior to decision making is stressed in the National Reports. However, many countries feel they are handicapped in this respect by limited funds and a shortage of trained personnel for research.



In addition to theoretical or basic research, operational or action research is essential in programme planning and evaluation. Ad hoc enquiries are extremely important in programme planning and evaluation. Pilot projects and demonstrations, scientifically conducted, are particularly needed in rapidly changing societies where new programmes must be developed.

It is important that there be wide dissemination of information and facts obtained from any research. Some governments publish annual reports which serve not only to evaluate the effectiveness of programmes and services but also to point a way towards further improvement. United Nations publications are becoming increasingly valuable.

#### 4. Structures for Planning

The structure for planning varies among countries depending on the political doctrine, the governmental structure (whether centralized or decentralized), the place of voluntary agencies, the extent to which channels for citizen participation and democratic processes have been developed.

The trend observed particularly in the developing countries is for the government to take over more and more of the responsibility for meeting the needs of the people as a whole. At the same time, voluntary agencies frequently play an important role and come together in local and national councils to coordinate programmes, to consult on policy and plans and to advise on governmental programmes.

In a large number of countries the structure for planning and formulating policy includes both government and voluntary agencies at both the national and local community levels, with an increasing amount of interaction. Where this is true, in general the government plans comprehensive programmes to meet basic needs and the voluntary agencies undertake programmes to meet special needs. In the local communities, coordinating and planning bodies which influence the programmes of individual agencies, both public and private, have been established. These in turn, are complemented, in some countries, at the national level by coordinating and standard-setting bodies.

In countries where the government has had to take on greater responsibility for planning, a trend is apparent for governments to initiate or encourage local planning, either by existing bodies or the setting up of new bodies, where none exist.

In the more industrialized and economically developed countries, there is a growing tendency for the users of services and other interested groups to participate in planning. Labor organizations play an important role in some countries.

Where government responsibility is accompanied by voluntary agency participation in planning, advisory councils are frequently used as a means for the

government to get expert advice.

Even though there are diverse structures for planning with varying amounts and degrees of participation by voluntary agencies and citizens, there is an increased amount of coordinated planning. The National Committee Reports reflect four types of coordination: (1) inter-agency coordination; (2) combined inter-agency and governmental coordination; (3) interdepartmental or inter-ministerial coordination; and (4) international or regional coordination. In this way coordination and cooperation may range from that within social work to planning involving the total program of social services, including public health, education, labour relations, housing, etc. There has been insufficient attention paid to social planning as well as a serious lack of coordination between planning for economic and social development.

There is now, however, an increasing acceptance of the fact that economic and social planning must go hand in hand, and there is also available some experience with organization to achieve such coordination.

5. The Role of the Social Worker in Influencing Policy Decisions and in Development of Policy

There is a trend at the present time towards greater participation of social workers in determining policy. Social workers can influence policy decisions in several ways:

- a. In an advisory capacity as experts. Increasing use of experts by government is noted in many parts of the world. This gives an opportunity for social workers to be called in to give advice on social legislation and public policy. The professional social worker has a special responsibility for bringing the facts of social needs and proposals for meeting them to the attention of members of Boards, officials and others concerned with social work, so that they can take responsible action.
- b. In their capacity as citizens, by social and political action individually and through organizations in which they are members, as well as through the existing machinery of representative and direct influence on government.

In conclusion, a number of questions may merit special consideration by social workers:

- (1) To what extent is joint economic and social planning feasible?
- (2) In a changing society, how far in advance can plans be made? What period of time should be covered?
- (3) To what extent is influencing planning and public policy a function of social workers?

- (4) How can we reconcile the present emphasis on specialization in social work with the concept of social and economic planning as described above?
- (5) How can social workers be better prepared for participation in the planning process and in the development of social policy?
- (6) What is the influence of international cooperation and assistance in social planning and policy development?

#### Responsibility for the Administration and Operation of Social Services

Emphasis is given in the National Reports on two points which have a direct bearing on the administration and operation of social services:

- the increasing acceptance of the concept of social security as defined in the Declaration of Human Rights (Article 22). The effect of this re-definition is to encourage the development and adaptation of public services with the ultimate objective to protect and extend opportunities for individual and social freedom or self-determination, and to make it possible to satisfy to the maximum the needs which manifest themselves in any given situation.
- the development of democratic thought to include a widespread demand for opportunities for the citizen to participate in all forms of social, political and cultural life and work.

In the light of these points there should be considered the relationship of social work services to society and to the social environment in which they function, as well as the relationship between governmental and non-governmental agencies and organizations as to their respective responsibilities for the administration and operation of social services.

#### 1. Social Work and Social Services in Their Social Environment

Social work as a social institution has by its very nature different functions.

It has to provide a set of specific and more or less well defined services such as giving specified aid to certain categories of people, the running of given types of social institutions, etc.

It has also to provide for the satisfaction of needs for which no other service, such as education, health, etc., yet exists. With regard to this latter function, a constant process of specialization and crystallization is going on. The result of this process, actively helped by social workers, is that new specific social services and institutions will come into existence and discharge the new responsibilities.

Whilst it must be recognized that social work neither can nor should try to attempt to be "all things to all men," it has to be stressed that as new social needs are experienced in the developing countries and in the industrially developed countries (due to changes in the economic and social structure), traditional areas of service have to be expanded; traditional methods of work modified; and new expedients adopted to meet the challenge that a changing world now presents to social work.

As in the process of specialization new social services and institutions begin to function, social work may within them assume a task complementary to the basic function of the host agency, e. g. a factory, hospital, school. The notion of social work as a complementary function seems to be parallel to the concept of social work in a secondary setting.

This notion of the complementary function assumes particular importance in connection with two services: social insurance and community development. While social insurance has come in many countries to be regarded as a basic responsibility of society towards the working population, it should be borne in mind that the extent of a social insurance system is also dependent on the overall economic capacity of a country. In connection with this, community development should be mentioned, which has, especially in agricultural countries or regions, shown itself to have great potentialities for a more thorough mobilization of local human and material resources and their more economical utilization. In both these services the complementary role of the social worker is a particularly essential one. In social insurance it is an indispensable complement in order to achieve the necessary individualization and to prevent the bureaucratization of the service. In community development there is also an increasing tendency to recognize that social workers have specific knowledge to contribute to that activity. In some countries social workers have even assumed the initiative in community development.

Finally, mention might be made of the technical aspect of social work, in the broadest sense of the word, of working with people, which tends to be adopted in all types of services and agencies. In this sense, social work might become the practical basis of a generalized technique of human contacts in an organizational setting.

Special efforts have to be made to relate social work closely to the cultural pattern and particularly to the value systems of different regions. Social work theory and practice as they have grown, both in the more industrialized communities and in the developing countries, have to filter through the social reality in order to determine what is generally valid and universally applicable. It is of importance that these common elements should be assembled on which workers in all societies can draw and to which all can contribute.

## 2. Governmental and Non-Governmental Agencies and Organizations

Both governmental and non-governmental (voluntary) agencies are becoming more involved in social administration. Whilst the National Reports



reveal that governmental agencies - both central and local - are expanding their provision of social services, it can be noted that an increasing rapprochement between governmental and voluntary social work is taking place, and it is now evident that many differences and antagonistic tendencies are becoming meaningless. This reduction of difference between the two is due to following trends:

- a. the democratization of public administration, as a result of which citizens participate through boards, councils, etc. in a policy-making as well as in an administrative function;
- b. the growth of a new concept of public administration which abandons the paternalistic-authoritarian role for a functional approach to the management of public services, as an extension of the rights of citizenship;
- c. the increased welfare-mindedness of public administration as it comes to accept, in addition to its historical function of maintenance of law and order and the collection of revenues, the responsibility for the general social welfare;
- d. the professionalization of social work in both governmental and voluntary agencies, which are employing more and more social workers with the same professional training and basically the same approach to problems and methods of dealing with them;
- e. the development of voluntary organizations from societies of "laymen" into the modern large and purposeful associations often employing teams of professionals on a full-time basis. These associations still draw their force from the voluntary character of their membership, but as to the impact of their objectives and their work in society generally, their role has become essentially "public."

As the extension of the welfare function of public administration takes place, an attitude of welfare-mindedness gradually penetrates the different departments of government. An additional task thus accrues to social work: to share its knowledge and skills with the representatives of the people and with administrators generally, and to attempt to participate in and understand more fully the processes and methods inherent in the management of public services. This is equally desirable insofar as voluntary agencies are concerned, since they often experience similar administrative problems as they develop into large bureaucratic bodies and as they come to depend on and to be accountable for public funds.

Many National Reports stress the importance of the task that falls to public agencies, which now have the responsibility for coordinating, financing and controlling some aspects of the work of voluntary bodies. In this way, a standard can be set for the guidance of the voluntary agencies which may be helpful to them in finding their place in the framework of the total services undertaken.

It is also recognized that while in countries with a more complex system of social services the primary task of voluntary agencies is frequently a pioneering one, as their greater independence and flexibility allows for greater experimentation, in many countries the same function can only be performed by governmental agencies, because either there are no voluntary agencies or the voluntary agencies are more reluctant to abandon established forms of service which may no longer be adequate for meeting new needs.

As social services expand, social workers are coming into closer contact with a diversified range of public services, such as housing, health, education, immigration, social insurance, agricultural cooperation, which demand that they be oriented to the special conditions and problems of work in these settings.

In some countries, where social services form not a part of the system of public administration but are set up on an autonomous basis, new questions arise about the interrelationship of public administration and the social service organizations.

We must also re-examine the ways in which it has been assumed in the past that in their work social workers can alternatively apply specific social work methods, e. g. casework, group work, community organization. This has made it difficult to understand that an attempt to treat an individual problem as the concern of only one of these specialties actually may obstruct an understanding of reality, as individuals are equally members of groups and communities. New categories of thought transcending these barriers must therefore be devised before a universal "social work" point of view can be expressed. This new line of thought should be pursued not only by the practitioner but also by those responsible for training and research.

At the same time, a better understanding of consideration be given to the point of view of the social worker before policies are formulated and administrative action taken to implement them. Recognition of the rights and responsibility of the social worker to state his case is best given by including a person with social work experience and training in the executive boards of planning and administrative agencies.

### 3. International Cooperation and Assistance

There seems to be, finally, an increasing responsibility of international bodies, agencies and organizations not only to act as centers of exchange of experience in the field of social work but also to play an important role in the administration and operation of specific services aimed primarily at coordination, training and direction. The rich variety of organizational form and methods of work developed in the social services of different countries can be tested and used in other countries in the most effective way only if there is a continuous organized international service to catalogue, to compare and to make results available to those interested. The process of establishing a new service in any country can be achieved more quickly and with less expense if there is an international agency

to help with experts, advice, training opportunities and material assistance. International agencies and organizations, independent of individual states or political power blocs, are most likely to overcome the natural diffidence or misgivings a country may have in asking for outside help.

These agencies and organizations are also definitely above the old "public-private" dichotomy and the antagonism traditionally associated with it; they are not public in the sense of being dependent on any individual State, but at the same time they are all public in the sense of being the concern of human society. It is felt that the most constructive contribution that can be made towards achieving the ultimate unity of mankind and progress from the realm of ideas to practical implementation is through people pooling their efforts and working together on a continuous basis, to provide for their common human needs.

B. Forums on Social Welfare - In General

In the social welfare field there are many specialized conferences where emphasis is on professional content, social action, or some other specific purpose. There are others that combine attention to a specific goal to attention to broad general discussion. Still others are devoted to the broad field of social welfare, with emphasis on major issues and topics. These generally are organized as forums. It is with these that this pamphlet is primarily concerned.

This section contains papers that provide basic factual material about various types of conferences in the social welfare field, and papers relating to broad considerations concerning the forum in the field of social welfare.



1. The first step in the process of the...  
2. The second step is to...  
3. The third step is to...  
4. The fourth step is to...  
5. The fifth step is to...  
6. The sixth step is to...  
7. The seventh step is to...  
8. The eighth step is to...  
9. The ninth step is to...  
10. The tenth step is to...

**"Conferences in Social Welfare"**  
by Ruth M. Williams

Printed in Social Work Yearbook, 1960. National Association of Social Workers,  
New York, N. Y. p. 198

This recent article provides in summary form, significant data about the character of conferences in social welfare under various auspices. Its author is the Assistant Executive Secretary of the National Conference on Social Welfare.

As used in this article the term "conference" refers to (a) an organization whose major function is to provide a forum for the presentation and discussion of problems and issues in the field of social welfare and in related fields; and (b) the forum activities of organizations in the social welfare field which have other primary functions.

Conferences have an important place in our democracy and particularly in social welfare, where they serve as a unique means of communication and of informal education for a young and self-conscious profession. As in any new and developing profession, the new departures in thinking and practice in social work and its experiments and demonstrations are usually first presented at a forum, then are reflected in proceedings and articles in periodicals, and much later appear in books.

The conference, as an organization, is an informal educational agency utilizing the process of community organization and generally based on individual and organizational memberships. Operational activities are not undertaken, but the conference may have other functions besides the forum, such as social action, public relations, planning, and coordination. Conferences operate under both sectarian and nonsectarian auspices, and membership is customarily open to anyone interested in the organization's purpose.

Objectives

A conference in social welfare usually has some or all of the following objectives: (a) to provide a medium for interchange of ideas and techniques between laymen and professional workers, racial groups, specialties within the field, public and voluntary agencies, and sectarian and nonsectarian groups (in a conference under sectarian auspices the chief purpose is to provide for interchange within the sectarian group); (b) to discuss and appraise current economic, political, and social conditions affecting social welfare; (c) to emphasize common elements present among workers and organizations concerned with social welfare programs and services; (d) to assist individuals and organizations with their specific technical and professional problems through meetings, exhibits, consultation service, and the use of audio-visual aids; (e) to develop

citizen understanding and support of and participation in social welfare activities; (f) to assist in sustaining morale among volunteers and paid workers of social welfare organizations; (g) through proceedings, to provide a chronological and cumulative record of major developments in the social welfare field; and (h) to provide auspices for meetings of related specialized groups.

Although not regarded as primary objectives, there is general agreement that there is considerable value in the informal discussions that take place outside the meeting rooms at conferences and in the personal contacts that are made. Conferences are also frequently used for personnel interviewing and selection, as well as for consultation with representatives of national and state organizations.

The objectives of a conference conducted by a specialized or operating organization are generally narrower and related specifically to forwarding the program of the organization. These may, and often do, include (a) the provision of training for persons (both lay and professional) connected with the organization; (b) formulating the program of the organization for the immediate future and deciding on methods to be followed in its implementation; and (c) reporting to the agency's membership or constituency and to the public on the organization's program and activities. Here, too, the informal personal contacts and fellowship which take place are felt to be of real value.

#### Methods and Techniques

Conferences utilize various methods, techniques, and services to achieve their objectives. This is an area which has been the subject of much analysis and experimentation in recent years, with many persons feeling that the social welfare field has been slow to make use of some of the results of study and research going on in other fields, for example, adult education.

The methods generally employed in conferences in social welfare include:

1. Presentation of papers. Individual papers have traditionally played an important role in conference meetings, providing opportunities for selected persons to present the results of study or scholarly thought on a specific problem, method, or process. A good manuscript, adequately documented and skillfully presented, can stimulate among individuals and groups a real ferment of ideas that may lead to progress in thinking and action. On the other hand, too frequently the papers at social welfare conferences have been based almost entirely on the isolated experience and personal opinion of the author. Typically, at social welfare conferences there are also a number of papers by highly regarded persons (either in the field or from outside) which might be classified as philosophical or exhortatory. These are regarded as playing an important part in achieving the objective of maintaining morale among workers.

2. Group discussion. Discussion in small groups is one of the most widely used forum techniques. Here the emphasis is on participation by the

group members under the guidance of a qualified leader, and the purpose is generally for the participants to attempt to evolve - out of their ideas and impressions gained from their own experience - some common understandings and concepts.

3. Institutes or workshops. These are often a major part of a conference. Generally they deal with specialized and technical subject matter, and the purpose is to help the worker do a better job when he returns to his agency. The leader is an expert in the subject matter to be studied, the size of the group is usually limited, and efforts are made to provide a genuine learning experience for the participants. State conferences, as well as other groups, have organized and utilized institutes very effectively in their programs.

4. Audio-visual aids. These aids are being used increasingly by conferences. Films, recordings, and dramatic presentations are being introduced into the regular meetings in an effort to increase their effectiveness. Many conferences now have extensive exhibit programs in order to bring to the attendees visual presentations of developments in the field, the latest professional publications, and other tools helpful in carrying on social work activities.

5. Consultation. Frequently carried on in conjunction with the exhibits, consultation service is usually provided by qualified staff members of agencies. By this means individuals receive help on their technical and professional problems. Consultants, at the same time, have an opportunity to interpret their aims and services and to keep informed about developments in the field.

6. Publications. The published proceedings of conference meetings represent an important part of the professional literature in the social welfare field, providing as they do a cumulative record of significant developments and constituting a valuable resource for students and workers.

#### Local Forums

The forum function in social welfare is carried out at every geographical level.

Many communities have social workers' clubs which are the local version of a conference. Generally, they are informal membership organizations, open to any interested person, and they meet at regular intervals to consider matters of interest to the members. The opportunities provided for fellowship are an important aspect of these clubs.

Community welfare councils carry on forum activities as a part of their regular program. Many of them have one-day community-wide institutes, or meetings on an annual basis, which appear to meet a real need. Local chapters of the National Association of Social Workers provide their members with meetings and discussion of matters of professional concern and often have meetings on broader subjects which are open to non-members as well.



### State Conferences of Social Work

Every state has a state conference of social work (often known by another name) except Alaska and Hawaii. Organization of the first state conference in Wisconsin in 1881 initiated the movement which led to the formation of a network of statewide forum bodies across the country. This development and the growing importance of social welfare went hand in hand.

In recent years many state conferences have added some aspect of social or legislative action to their forum function. Some now provide counseling services to local communities, particularly on problems of planning and fund-raising. Other activities include statewide recruiting for social work students, registration and certification of workers, study and research on state welfare problems, maintenance of speakers' bureaus, and promotion of local discussion groups.

The Michigan Welfare League, Wisconsin Welfare Council, Missouri Association for Social Welfare, and California Association for Health and Welfare are examples of state conferences which have adopted social planning as their major function but have retained the forum function as an essential part of their programs. In other states, New York and Ohio, for example, separate organizations carry on many of these other activities, and the state conferences have remained strictly forum bodies. Functions of state conferences are thus influenced by the need for a statewide voluntary agency to assume responsibility for planning and legislative action, and in states without such organizations the conferences have generally accepted the functions. It should be mentioned that in the states with separate planning and social action bodies, these groups usually carry on certain forum activities under their own auspices to forward their own programs. (See State and Regional Welfare Organization.)

Every state conference conducts an annual statewide meeting, and many conferences supplement this with anywhere from one to thirty district meetings in various sections of the state in a single year. They consider these district meetings a particularly valuable activity, since they bring forum opportunities to workers with low salaries who are unable to travel any distance to attend state or national conferences. Experience indicates also that the proportion of laymen participating in meetings increases with the number of district meetings.

The annual budgets of state conferences range in size from \$200 to \$300 for several operating completely on a volunteer basis, to \$65,000 a year for one of the larger ones with full-time professional staff and a broad program of activities. For all conferences together approximately 50 per cent of their total income is derived from membership fees (both individual and organizational). Other sources of income are: community chests in the state, state welfare departments, registration fees, institute fees, and sale of publications. A few state conferences have small grants from foundations, but usually for special projects rather than to support the ongoing program. Many state conferences are experiencing difficulty with finances for a number of reasons.

### National Conference on Social Welfare

The National Conference on Social Welfare has since its establishment been one of the most important forces in American and world social welfare. The history of the Conference, which was founded as the National Conference of Charities and Correction and later became the National Conference of Social Work, is the history of social welfare in the United States. <sup>1/</sup> Its present name was adopted by a vote of the members in 1956.

The major purpose of the National Conference is to provide a dynamic educational forum for the critical examination of basic social welfare problems and issues. At any given time it is an embodiment of the spiritual, scientific, and professional heritage of social work, enriched by contributions of both the state conferences of social work and the International Conference of Social Work, the latter a worldwide forum organization with which it has always had a close relationship. The National Conference does not adopt resolutions or take a position on issues discussed at its meetings.

As a matter of policy the Annual Forums of the National Conference are moved to various sections of the country in order to bring its benefits to as many people as possible. During the past five years the Annual Forum has been held in San Francisco (1959), Chicago (1958), Philadelphia (1957), St. Louis (1956), and San Francisco (1955). Each Annual Forum attracts between 4,500 and 7,000 persons. The program consists of over 350 meetings, 100 to 150 exhibits and consultation booths, a film theater, and employment and other special services.

The program of the Annual Forum is organized under ten major divisions, which attempt to provide a framework for coverage of all major aspects of the broad field of social welfare and which set a pattern followed by many state conferences and other groups.

In addition to the meetings planned by the Conference Program Committee, two days of each Annual Forum are set aside for meetings arranged by the "Associate Groups," approximately sixty-five national organizations which have an especially close relationship to the National Conference. These groups have the privilege of sponsoring meetings of their own on the days set aside for the purpose, or of joining with other associate groups in the sponsorship of combined associate group meetings.

The National Conference on Social Welfare is a membership organization having at the present time some 5000 individual members and 1200 organizational members (local, state, and national). In addition to the Annual Forum its program consists of:

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<sup>1/</sup> See Bruno and Towley, *infra*.

1. Publications. These include The Social Welfare Forum, an annual bound volume of the official proceedings; additional volumes containing selected papers in casework, group work and community organization; and a quarterly Conference Bulletin.
2. Services to state conferences. Since 1924 the Conference has provided the secretariat for the Association of State Conferences of Social Work, an informal organization for which it conducts regional and national meetings, collects and distributes material of interest to the members, makes occasional studies, and performs other services.
3. International social welfare services. The National Conference had much to do with originating and fostering the International Conference of Social Work and at present shares offices and staff with the international organization. In addition, the National Conference cooperated actively with the U. S. Committee of the International Conference and with other groups in fostering better understanding within the United States of international social welfare needs and services.
4. Membership promotion and processing.
5. Membership participation. This refers to the wide range of activities developed and carried on in order to give members full opportunity to participate in developing the program of the Annual Forum and the Conference publications, and in building the slate of candidates for election to office in the Conference.

The Conference operates on an annual budget of approximately \$150,000. Its major sources of income are membership dues, registration fees, exhibit fees, and sales of publications.

At the present time the National Conference is engaged in a study of its future role and structure. Since its activities are closely related to other forum activities in the field, attention is also being given in the study to a number of important questions about "conferencing" in social welfare; for example, the increasing number of conferences, the problem of scheduling to avoid conflict, the danger of duplication of subject matter, and related questions.

#### Other National Conferences

There are a number of other groups at the national level which are concerned primarily with carrying on forum activities. These either have a special constituency (such as the sectarian groups) or limit their interest to some particular aspect of the broad field of social welfare.

The National Conference of Jewish Communal Service, for example, was founded in 1899 to provide a forum for discussion of problems and principles of Jewish social welfare and programs of Jewish social agencies, and to formulate

principles and programs for the enrichment of Jewish life. (See Jewish Social Services.)

The Church Conference of Social Work brings church social workers together and seeks to develop interest and cooperation among churches and social agencies. Its meetings are generally held in conjunction with the Annual Forum of the National Conference on Social Welfare, although it has also sponsored occasional special conferences. (See Protestant Social Services.)

The White House Conferences on Children and Youth, held first in 1909 and at approximately ten-year intervals since, are probably the most important series of conferences relating to the social welfare needs of a particular group in the population. (See "White House Conferences" in Child Welfare.)

A White House Conference on Education was held in December 1955 to consider the educational needs of the country. This was organized by the U. S. Office of Education under the guidance of a citizens' committee appointed by the President. The first White House Conference on the Aging is planned for 1961.

Many conferences are carried on by national organizations in furthering their objectives. The National Conference of Catholic Charities, founded in 1910, for example, is a service agency for Catholic social work, holding a large annual meeting as well as institutes. (See Catholic Social Services.)

Most of the functional organizations hold national meetings either annually, biennially, or triennially as an important part of their over-all agency programs. These are generally designed for the laymen and professionals directly connected with the agency, although frequently other interested persons are invited to attend. They cover all the functional fields - family service, child welfare, services to youth, fund raising, public welfare, planning, settlement work, and education for social work, to mention a few.

An increasingly vital role is being played by the regional conferences sponsored by many national organizations to supplement their national meetings. These provide a means for the organizations to reach a much larger proportion of their constituents than would otherwise be possible. The American Public Welfare Association and the Child Welfare League of America are two groups which make extensive use of this device.

There are many other national conferences in closely related fields which are of interest to social workers. Two of these are the National Recreation Congress held annually by the National Recreation Association, and the annual Nat. Health Forum sponsored by the National Health Council.

#### International Conference of Social Work

The International Conference of Social Work is a permanent world organization for individuals and agencies concerned with meeting the social welfare needs



of people. It provides an international forum for the discussion of social welfare and related issues. It is nongovernmental, nonpolitical, and nonsectarian and does not take positions on issues, nor does it have a social action function.

Dr. René Sand of Belgium proposed the establishment of an International Conference of Social Work at the 50th Annual Meeting of the National Conference of Social Work in 1923. With the help of some of the large American foundations, the organization was founded and the first conference held in Paris in 1928. Since that time conferences have taken place as follows: Frankfurt (1932), London (1936), Atlantic City and New York (1948), Paris (1950), Madras (1952), Toronto (1954), Munich (1956), and Tokyo (1958). The next conference will be held in Rome in January 1961.

In addition to the biennial worldwide meetings, which are its major concern, the Conference carries on the following activities:

1. National committee relationships. The national committees in over thirty countries are the basic organizational units of the Conference, and efforts are being made to strengthen those now in existence and to assist with the establishment of new ones in other countries, particularly the less developed countries.
2. Implementation of consultative status. The International Conference has consultative status with UN, UNICEF, UNESCO, WHO, and the Organization of American States. Social work around the world has much to bring to the attention of these bodies, and the Conference endeavors to be in a position to meet their requests for advice and assistance.
3. Study tours. The Conference has sponsored social welfare study tours in Europe, India, Canada, Southeast Asia, and the United States in connection with its biennial meetings.
4. Publications. The Conference publishes proceedings of the biennial meetings and a quarterly journal International Social Work, the latter in cooperation with the International Association of Schools of Social Work.
5. Promotion and fund raising. This covers activities designed to assist the national committees to meet their financial commitments to the International Conference.

In this country the International Conference of Social Work is represented by a United States Committee, an autonomous organization elected by the individual and organizational members of the International Conference of Social Work in the United States. The functions of the United States Committee are: (a) to raise funds, through memberships or otherwise, for the United States contribution to the budget of the International Conference; (b) to arrange for all aspects of United States participation in the biennial International Conferences including selection of American program participants, preparation of the United States report, and so on; and (c) to stimulate interest in international

social welfare in the United States through the conduct of meetings at the time of the Annual Forum of the National Conference on Social Welfare and through other means.

#### Other International Conferences

Each year since the end of World War II has seen an increasing number of international conferences, many of which, just as at the national level, are carried on to focus attention on a particular problem and as an integral part of an organization's over-all program. Thus we find the periodic International Congresses on Mental Health of the World Federation for Mental Health; the World Child Welfare Congresses of the International Union for Child Welfare, the World Congresses of the International Society for the Welfare of Cripples, and many others. All these meetings, together with the International Conference of Social Work, are serving to help individuals in various professions in the broad field of social welfare to establish contacts with others of similar interests in other parts of the world. (See International Social Welfare.)

#### Conferences in Other Countries

Many other countries, including some of the newly independent ones, now have national conferences of social work. Some are modeled after the U. S. National Conference, while others have a definite social action purpose. Some meet annually; others, like the Canadian Conference on Social Work, are biennial. Specialized conferences have also developed elsewhere, though nowhere to the extent found in the United States.

#### Developments and Trends

Some of the trends which can be noted in all types of conferences may be summarized as follows:

1. Need for evaluation. There is a recognition that means of evaluation should be a part of every conference. It is no longer felt to be sufficient to arrange a series of meetings and consider the job done. Efforts are needed and are being made to determine, on a scientific basis, the reasons why people attend conferences, what their expectations are, what they gain from the meetings.
2. Determining objectives. Closely related to evaluation is the realization that objectives of conferences need to be clarified before there can be effective program planning. Too many meetings have been planned in the past without regard for the purposes for which they were being held.
3. Multiplicity of conferences. This is a problem of growing concern at the state, regional, national, and international levels. It is hoped that the National Conference on Social Welfare study referred to above will produce data that may be helpful in ameliorating the present somewhat confused situation.

4. Partnership of paid and volunteer workers. Although conferences provide a common meeting ground for paid workers and volunteers, in recent years the professionals have tended to dominate many conferences in social welfare. There is a growing conviction that if conferences are to continue their traditional role, a balance between these two groups is essential.

5. Growth of interprofessional conferences. There has been a growing number of interprofessional conferences dealing with specific problems in recent years. The White House Conference on Children and Youth is an excellent example of this. Many conferences in the social welfare field, including the National Conference on Social Welfare, are making an effort to increase the number of participants from related disciplines.

It has been said that conferences and conventions are characteristic phenomena of the American way of life, and that social welfare is no exception to the rule. Indeed, there is evidence to support the belief that in this particular field conferences have played and are continuing to play a particularly significant role.

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### "The Forum Through the Ages"

Editorial by Joe R. Hoffer in the Conference Bulletin of the National Conference on Social Welfare, Winter, 1957, p. 2.

This brief item indicates that the forum has a long history of usefulness to society.

It is appropriate that we should meet in Philadelphia to discuss this year's theme -- "Expanding Frontiers in Social Welfare" -- because it was here that our founding fathers were concerned with frontiers in government and in the democratic process. The Constitutional Convention of 1787 was considered the most remarkable deliberative body in history, and it was through the free and open critical examination and discussion of issues, which we regard as characteristic of the forum, that our Constitution was forged. Since then, forum activity has been an important part of our social structure.

But, of course, the forum is much older than the American Constitution. In Latin the term forum meant a market place. It was a "market and meeting place in ancient Roman towns in Italy and later in the provinces, corresponding to the Greek agora or assembly. Here private and public affairs were discussed, ceremonies and assemblies held, orations delivered, edicts announced and justice administered. By extension, the word forum may indicate in modern usage the meeting itself." <sup>1/</sup>

The Greeks, too, placed a high value on free discussion. As described by Pericles, in the Athens Assembly "any citizen could speak if he could get the Assembly to listen, anybody could propose anything, within certain strict constitutional safeguards. . . we Athenians are able to judge at all events if we cannot originate, and instead of looking on discussion as a stumbling block in the way of action, we think it an indispensable preliminary to any wise action at all." <sup>2/</sup>

It is this last point that seems specially relevant today -- and in particular the kind of forum provided by the National Conference on Social Welfare.

Thus, returning to Philadelphia serves to remind us that we have a long and distinguished heritage, stretching far beyond the founding of the Conference or of the country. It is good to think of these things occasionally if in doing so we keep our attention focused, as did the Athenians, the Romans and our own founding fathers, on our "expanding frontiers."

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<sup>1/</sup> The Columbia Encyclopedia P. 704.

<sup>2/</sup> "Pericles in a Deathless Funeral Oration Sums up the Glory that was Athens" (430 B. C.) A Treasury of World's Great Speeches, Selected and edited by Houston Peterson, Simon and Schuster, New York, 1954, p. 8.

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

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BY JOHN BURNET

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"Large Forums in Social Welfare - Is Bigness a Curse or a Blessing?"  
by Joe R. Hoffer

Presented at the Florida Conference on Social Welfare, April 1959.

This paper examines critically some of the basic problems that should be considered by all concerned with evaluating the place of large forums in social welfare and their development in the 1960's. The treatment of several basic questions about such forums reflects a strong conviction about their value. His discussion of three basic assumptions underlying his ideas, help the reader evaluate the extent to which he agrees with him on discussion of these basic questions.

A. Introduction

The large forum in social welfare has had a long and honorable history because it serves important functions, and it appears to be here to stay. The typical policy which encourages the attendance of all interested persons on a self-selection basis, in contrast to attendance by appointed delegates, is one of the contributing factors in producing large forums. Another factor is a broadly based program with offerings for the many specializations in the social welfare field. In view of the important place large forums occupy in social welfare, it seems more realistic to try to clarify their objectives and to improve their conduct than to attempt to harness their momentum to serve different purposes.

Francis Bacon once wrote "Reading maketh a full man, conference a ready man, and writing an exact man." Forums provide opportunities to career and volunteer workers for all of these - to write, and speak (and later to read) about their thinking, practice and experience. As in any young, vital and growing field and profession, new departures in thinking and practice and experiments and demonstrations in social welfare are usually first presented at a forum, then are reflected in periodicals, and much later appear in books.

Forum activities are carried on by many organizations concerned with social welfare at all levels - local, state, national and international. <sup>1/</sup> The term "forum" as used in this paper refers to a conference open to all interested persons on a voluntary basis. A forum is usually held regularly and includes large and small meetings on a wide range of social welfare subjects as well as services of educational value selected to meet the interests and needs of the attenders. Meetings based on an initial speech or speeches and also involving active participation by the audience through questioning or discussion are essential elements of the program.

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1/ See Ruth Williams, "Conferences on Social Welfare," Social Work Year-book, 1960, National Association of Social Workers, New York, N. Y.



Basically, a forum performs two functions in the social welfare field -- communication and continuing education. It performs these general functions as an adult education agency utilizing community organization principles. It must therefore be recognized that a forum body differs in some respects from organizations with planning, social action, legislative and direct service functions.

B. Purpose of Paper

The major purpose of this paper is to evaluate the contribution of large forums in social welfare with special reference to the role of generic forum bodies, i. e. those organizations operating on state, national, and international levels whose programs cover the broad field of social welfare.

C. The Large Forum and Large and Small Meetings

What makes a large forum? This is a puzzling question and brings to mind such questions as - How many books make a library? How many hairs make a beard?

As indicated above, it is assumed in this paper that a large forum can -- and normally does -- encompass both large and small meetings. However, so many issues have been raised in recent years about the relative merits of meetings of various sizes that it seems important to refer to them.

Leland Bradford has defined a large meeting as "any meeting so large that 100% participation of the audience members cannot adequately be secured by ordinary discussion methods." <sup>2/</sup>

In the December, 1952 issue of Adult Leadership on "Improving Large Meetings," the editors point out that when they talk about a large meeting, they do not have any particular number of people in mind. They define a large meeting as "... any meeting which has a basic division of function in its membership between the platform, the audience and planners..."

Other writers and conference leaders have suggested that a group of 15 or 20 is the maximum desirable number for a meeting. At the White House Conference on Education in 1957 the several thousand attenders were assigned to small groups, and they assembled in large meetings only to hear reports from individuals selected by the basic groups. The sponsors of this Conference were operating on the principle which underlies all of the arguments in favor of small meetings -- namely, that participation and only participation will release the untapped supply of energy and ideas present in the attenders. The White House Conference on Education was thus an example of a large forum composed mainly of small meetings.

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<sup>2/</sup> Leland P. Bradford and Stephen M. Carey. "Improving Large Group Meetings." Adult Education Bulletin, Adult Education Association, Chicago, December, 1949.

A careful review of recent experiences, current practices and the literature of conferencing, suggests that a major distinction can be drawn between practice that: (a) aims primarily at securing 100% participation on the part of the audience in every meeting; and (b) aims primarily at securing expert platform presentations. In the view of the author these always need to be evaluated in relation to a meeting's objectives.

Extremists of the first point of view see conferencing essentially as operating in small groups of 15 to 20 persons. They believe that unless 100% of the individuals in a meeting participate, the meeting has little educational value and the non-participants will be bored. Bert and Frances Strauss explain it in this way: "...Also by our definition, it leaves 50% of all large meetings bored - or perhaps we might better say that 50% of the audience is bored. There is no recourse for this 50% of the audience except to stay away from large meetings. They stay away - you stay away - and so do we. The wonder is that the other 50% turn up." 3/

Extremists of the second point of view are likely to over-emphasize platform presentations and maintain that the speech or the panel contribution, i. e. the platform leadership, is the best and most effective method of bringing about meaningful learning or producing changes. Persons with this latter orientation stress the importance of subject content and what is said, rather than planning the best ways of enabling the audience to gain and use information and to find or work out solutions to its problems.

#### D. Problems of a Large Forum

The problems of a large forum may be summarized under the following headings:

1. Do we need large forums? If so, why?
  2. Who should attend forums?
  3. What should be the place of large and small meetings in large forums?
  4. How many forums do we need?
  5. How much conferencing can we afford?
1. Do we need large forums? If so, why?

A large forum in social welfare usually has some or all of the following objectives which are important in our complex and heterogeneous field:

- a. To provide a medium for interchange of ideas and experience between volunteers and paid workers, racial groups,

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3/ Bert and Frances Strauss. New Ways to Better Thinking. New York, Viking Press, 1951, p. 116

specialties within the field, public and voluntary agencies, sectarian and nonsectarian groups (in a conference under sectarian auspices the purpose is generally to provide for interchange within the sectarian group);

- b. To emphasize common elements present among workers and organizations concerned with social welfare programs and services;
- c. To assist individuals and organizations with their specific technical and professional problems through meetings, exhibits, and consultation service and the use of audio-visual aids;
- d. To assist in sustaining morale among volunteers and paid workers of social welfare organizations.

2. Who should attend forums?

Any individual who wishes to attend a forum should be encouraged to do so. Forum planners are concerned, and rightly so, in the view of the author, when any attempt is made to limit the number of attenders by a deliberate decision, whether it is done by restriction of subject matter, or restriction of size.

Programs are sometimes based on what an individual or small group thinks people ought to be interested in and need, rather than what they really want. The successful large forum planners must find ways of ascertaining what each individual really wants and become skillful in creating opportunities in which people will find the satisfaction they seek. "The customer's always right" -- a useful slogan in merchandising -- may not apply in forum planning, but it cannot be entirely ignored. And furthermore, in a democracy, the responsibility rests with each individual to decide the course and speed of his own growth. The best approach for program planning assumes that adults will participate in programs of activities in which they have expressed a definite interest.

3. What should be the place of large and small meetings in large forums?

In The Organization Man, William Whyte points out a possible weakness of the trend expressed in many of the small group research projects. "People," Whyte points out, "who coalesce into groups, as a General knows, are easier to guide, control, cope with and herd." "In group doctrine," he writes, "the strong personality is viewed with overwhelming suspicion - skim through current group handbooks, conference leaders' tool kits and the like, and you find what sounds very much like a call to arms by the mediocre against their enemies." <sup>4/</sup>

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<sup>4/</sup> William Whyte, The Organization Man, Doubleday & Co., Garden City, New York, 1957, p. 173

The position taken by the author is that a synthesis of "100% audience participation" and "platform-dominated" viewpoints seems the most realistic solution to the complex conferencing problems facing social welfare today.

While I am a firm believer in the importance of audience participation, I share with Whyte and others the concern over the current attempt to see the group as the primary creative vehicle. It is difficult for people to think creatively in ad hoc random groups at conferences, particularly if they have 20 or more members. People do, however, stimulate each other at such small meetings which increase each member's capacity to think. They talk together, they exchange information, they settle conflicts and reach compromises. I believe that individual creative thinking as expressed from the platform has made and will continue to make important contributions to the solution of problems and to progress in social welfare and the social work profession.

David Jenkins in commenting on the wish of some people to participate in discussion had this to say: "Sometimes people who want floor discussion tend to forget that their floor comments may not be useful to the entire group and they overlook the problems of keeping control of the whole meeting so that more people's purposes can get served. . . . Another assumption they tend to make is that they can get values from 'the sharing experience'." "I suppose," continues Jenkins, "I tend to question this basically unless the experience which is being shared has in fact been analyzed by the person sharing it. Often this is not the case. But particularly, in the larger session, especially when there are a variety of interests and concerns represented, the sharing of specific experience may be quite irrelevant to most people's concern." <sup>5/</sup>

I believe it is unrealistic and unsound to attempt to meet the conferencing needs in social welfare solely through small group activity - first, because of the complex and heterogeneous nature of social welfare structure in the U. S., and secondly, because individual behavior and attitudes are such that not every one needs to participate (even if they could or would participate) to receive values from attending a meeting.

The selection of the type and size of meetings in large forums should be based upon the objectives to be achieved. Essentially, large meetings can be used effectively for transmitting facts, presenting a point of departure, stating a controversy, or for inspirational purposes. Small meetings provide a climate for group discussions which if used appropriately can stimulate and enhance individual thinking.

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5/ David H. Jenkins, "A Group Dynamics Leader Reports on Two Annual Forum Meetings," The Conference Bulletin. National Conference on Social Welfare. Summer, 1957.



4. How many forums do we need?

There is a growing concern about the multiplicity of conferences in the social welfare field. While the values of conferences are acknowledged, many persons are of the opinion that some planning and coordination is needed to correct the present situation which tends to have certain competitive elements in it.

This assumption appears to be self-evident. There are today many conferences covering every conceivable subject. The complexity of the field of social welfare results in many of the same subjects appearing on programs of many conferences which may cause some waste of time and energy.

The necessity for coordination of time, place and subject matter must be kept constantly in mind. Here again, we find ourselves with inadequate knowledge of the problems, but the situation is one that calls for continued attention and study by the entire social welfare field.

5. How much conferencing can we afford?

It is estimated in the United States we are spending more than 27 billion dollars in dealing with all the problems of social illness, including the cost of crime. <sup>6/</sup> This not only is a large sum of money, but gives some indication of the comprehensiveness of social welfare in this country.

While a relatively small percentage of the total spent for social welfare services in this country is spent on conferences, it may be that some new pattern of forum activity in social welfare needs to be formulated and given serious consideration. Competition for the individual social worker's and the interested layman's dollar has become so great that any organization finds it difficult to enlist a large continuing membership essential for effective operation.

We must also consider the costs to the agency, in both time and money, and finally we should also consider the values of conferences to the individual.

E. Some Assumptions about Large Forums

I would like to suggest three assumptions about forums which I think are important in determining the contribution of large forums in social welfare.

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<sup>6/</sup> Harry L. Lurie. "The Development of Social Welfare Programs" Social Work Yearbook, 1960. National Association of Social Workers, New York, p. 46.

Assumption No. 1 - If individuals engaged actively in social welfare, in either a paid or a voluntary capacity, expect to continue to grow and make their best contribution, they must continue to learn and to share their knowledge and experience throughout their careers.

Every individual should give some attention to the study and discussion of the changing character of the social problems which confront society. He must learn also about the changing means available for solving them -- and finally, he must do all this in spite of the engrossing demands of his own job.

Assumption No. 2 - A large forum has had a long (and honorable) history because it serves important functions. A large forum with large meetings is an integral part of our way of living and working.

Large forums, like large state universities, are for all the people. The purpose of education is not only to pursue knowledge, but to vitalize the whole of American society. Forums can contribute to the educational function in social welfare if they provide a wide range of opportunities for anyone who is interested in some aspect of the field. These forums must tolerate some mediocrity as well as the odd and unusual. They must accept non-conformity. The small, special purpose, single-focus conferences can fulfill their objectives more effectively if general educational needs are being met through large forums.

There has been, in international journals as well as nationally, some concern about the growing size of conferences. In essence, the concern centers around the size, the cost and the nature of the educational opportunities provided. The "monster" <sup>7/</sup> conference, writes one editor "defeats its purpose, makes useful contact between attenders extremely difficult and senior members indulge in private conversations outside the hall." <sup>8/</sup> He feels, but does not present any figures to substantiate his view, that the cost is unusually high and is out of proportion to the results achieved. Since he does not see any other easy way to limit the number of participants, he suggests that perhaps the most suitable way would be to limit the subject matter.

The agencies that comprise social welfare are just about as cohesive as the European countries. They defy a single grouping and no one can speak for any of them. Social work as the major professional core of social welfare differs in one respect from other professions such as law and medicine. These professions began as a general discipline or service and then branched off into specializations. Social work began with a kind of undifferentiated base, then branched out into a series of

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<sup>7/</sup> Incidentally, the "monster" in this particular case is defined as a conference of 2000 people.

<sup>8/</sup> Newsletter, Council for International Organizations of Medical Sciences, January, 1959

specializations and has just recently begun to define a generic base.

Obviously, therefore, limiting the subject matter of large forums would not be a solution. It would tend to separate the specialties even more than at present rather than build the bridges between them which are so badly needed. Thus, since in my view neither attenders or subject matter should be controlled, we need to clarify the objectives of a large forum and improve its conduct, rather than eliminate it.

Assumption No. 3 - In spite of the multiplicity of conferences the social welfare community needs democratic forums on various geographic levels dealing with the broad field of social welfare.

With the highly specialized nature of activities in social welfare and the various types of auspices under which these services are conducted, it appears essential that the forum function be performed at the state, national, and international levels by an autonomous and/or semi-independent organization which has a broad democratic base. If the forum function is to be performed properly it requires democratic control, individual and organizational participation and independence of operation.

It is believed that only through such democratic forums will adequate consideration be given to subject matter in a field that is so large and complex. The controversial nature of some of the subject matter is another reason why democratic control of forums is so important.

F. Looking Forward: The Large Forum of the 1960's.

I believe that the large forum will become even more important in the 60's and that we can and should improve its operation and increase its benefits. It will become more of a "working" conference than a "listening" conference. <sup>9/</sup> The period of forum planning will be extended to include preparation for attending the forum and follow-up after the forum is completed. I think that a large attendance does not necessarily defeat the purposes of the forum, but on the contrary increases the potential of achieving reasonable goals. Further, the unit costs are relatively lower than for small conferences and the educational opportunities can be greater.

It is evident that one of the major reasons for continuation of ineffective meetings is the lack of experience and practice in new methods on the part of planners and leaders of large meetings, leading to a natural insecurity. Equally, audiences have come to expect the customary meeting and feel insecure when greater audience participation is first suggested.

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<sup>9/</sup> See Large Group Meetings. Conferences and Institutes. National Training Laboratories, National Education Association, Washington, D. C., 1958, mimeo, 56 pp.

To fulfill its role as a market-place of ideas, the forum (state, national and international) must be broadly based -- in both attendance and program. It should be a fairly accurate mirror of the current nature and state of social work as a profession and social welfare as a field. Its program should reflect the strengths and the weaknesses, the hopes and aspirations, the areas of development and understanding, the questioning and positive assertion of our area of human service.

The Conference of the 60's might be compared to a large modern shopping center -- designed in 1960 to meet the needs of the 1960 worker. Supermarkets, giant drug stores and large department stores contain every conceivable kind of merchandise produced in the world today. Specialty stores and individual personal services are close by so that one trip -- one stop -- will be adequate to meet the needs of any individual or family. A shopping center is economical - in time, price and energy. A large forum with meetings on a wide variety of subjects, exhibit and consultation booths, audio-visual aids, opportunities for informal meetings is also economical and appropriate for the complex field of social welfare.

I believe that the individual and the field will be best served if the following criteria are used as broad guide lines in designing the large forum of the 60's:

1. Individuals and organizations should be given what they want and not what a select few think people ought to be interested in and need;
2. The forum should provide activities, meetings and social functions on a wide variety of specialties and interests; but content should be organized within a framework of unifying topics, e. g. financing of social services, mental health, international social welfare, research and social studies, social policy, delinquency, aging, etc. Every effort should be made to induce maximum mixing of disciplines, professions, kinds of workers, varieties of individual interests, as well as juxtaposition of ideas;
3. Program planning for large forums should be a function of representative, democratically elected committees. The committees should be essentially independent, self-directing organisms. The role of staff should be to provide services so that the committees may operate efficiently;
4. Within large forums opportunity can and should be provided for formally structured programs on single issues, problems or trends;
5. A conscious effort should be made to bring together the three groups of people -- audience, planners and platform -- to help each to learn to perform better their special functions and to coordinate their special jobs effectively in the over-all meeting design;



6. A conscious effort should be made to help upgrade attenders, by removing the blinders from persons engaged in specialized roles, dealing with common concerns which cut across specializations, and stressing the place of social welfare in the larger institutional and value structure of our society;
7. A built-in continuous evaluation program should be a part of every forum. It is no longer sufficient to arrange a series of meetings and consider the job done. Efforts are needed and are being made to determine, on an objective basis, the reasons why people attend forums, what their expectations are and what they gain from the meetings. The literature critically examining meetings and conferences attended by large numbers of people is scanty. What experimentation has been conducted is typically directed toward the improvement of platform presentations. Little effort has been made to study the behavior of people in large meetings or to analyze the effectiveness of various methods of conducting such meetings.

And finally, it is essential that the principle of self-selection by attenders at forums be recognized and respected. It is important that no qualifying prerequisite other than an interest in social welfare be added to the requirement for attendance. The "selection" issue is a complicated one and one which generates much emotion and confusion - whether it be selection of committee members to plan forum programs or selection of manuscripts for the proceedings.

In conclusion:

Large forums in social welfare are making and will continue to make an important contribution to the total education of career and volunteer workers. It is essential, however, to clarify their objectives and improve their conduct. Large forums, for example, are not appropriate to achieve the solution of a specific problem, to reach decisions which will be binding upon the individuals or on the organizations they represent, or to negotiate agreements.

Large forums can contribute to the educational function in social welfare if they are for everyone and if their programs are varied and broadly based. Their administration and organization must reflect a democratic control and a recognition of the true state of affairs in the social welfare field.

Many have tried to express the contribution of large forums in our field. Seneca, the Roman philosopher, wrote about education and experience in these words, "Shun no toil to make yourself remarkable by some talent or other; yet do not devote yourself exclusively to one branch. Strive to get clear notions about all." These words are equally appropriate for the opportunities inherent in large forums.

"Conferences on Social Welfare - Major Issues, Problems and Trends"  
by Joe R. Hoffer

An outline for discussion at the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, January 13, 1960

Some of the content of this outline is similar to that in the preceding paper. The list of major questions in the outline and the sub-questions under them relate almost exclusively to the professional aspects of conference operation as opposed to managerial aspects. Although it may at first reading seem directed to those responsible for the direction or administration of social welfare conferences (board and staff) it has import also for conference members.

Outline

A. Purpose of Presentation

The purpose of this presentation is to discuss some major issues, problems, and trends in conferencing in social welfare.

B. Growing Importance of Conferencing in Social Welfare

1. Need for continuing education - school, staff development, professional association, conferences and individual.
2. Multiplicity of conferences on all levels - local, state, regional, national, and international.
3. Growth of inter-professional conferences.
4. Introduction of new techniques.
5. Increasing costs in time and money.

C. Some Glossary Definitions

1. Conference on social welfare - "Organizations whose primary or major function is to provide an educational forum for the presentation and discussion of social welfare or related problems, issues or trends."
2. Forum - Public meetings with voluntary attendance which are held regularly on subjects of educational value and social significance selected to meet the interests and needs of the attenders. An initial

speech or speeches and active participation by the audience through questioning or discussion are essential elements of the program.

3. Informal education - "Voluntary education directed toward a transmission of knowledge, skills and customs."
4. Social welfare field - "A field encompassing the community social services under public or voluntary auspices which exist potentially for each member of the community without regard to his resources and with the aim of helping him live a productive and happy life."
5. Social work - The professional core of social welfare.

D. Some Major Issues, Problems and Trends in Conferencing

1. Large Forums in Social Welfare - Is Bigness a Curse or Blessing?
  - a. What do we mean by a large forum?
  - b. What are some assumptions about conferencing?
  - c. What will the large forums of the 60's be like?
2. Program Planning - For whom and by whom?
  - a. To whom should the program be directed?
  - b. What should be the program content?
  - c. Who shall have the responsibility for determining program content?
3. Membership Control and Participation - By Whom and How?
  - a. What is the philosophical base of control and participation?
  - b. How has this philosophical base been implemented?
  - c. How can membership control and participation be improved?
4. The Role of Staff in Program Planning - Direct or Indirect?
  - a. What is the role of staff in program planning?
  - b. Why does the indirect type of leadership dominate?
  - c. What is the role of committees?
5. Financing Forums - How much Conferencing Can We Afford?
  - a. How much do forums cost?
  - b. Who pays the costs?
  - c. How much can we afford?
6. Evaluating Results of Large Forums - Is Objective Evaluation Possible?
  - a. Why is evaluation important?
  - b. What are some of the problems in putting studies to work?
  - c. What types of problems should be included in forum research?

E. Some Tentative Generalizations About Conferencing in Social Welfare

1. A large forum in social welfare is a venerable social institution and it is here to stay. It is more realistic to try to clarify the objectives of a large forum and to improve its conduct than to attempt to harness its momentum for different purposes.
2. The selection of program content should rest with committees elected by the membership and/or appointed by elected officers. The program should continue to offer a wide variety of subject matter as at present. Although there should be a greater degree of integration, it is assumed that the large forum will not be transformed into a tightly knit unit with a logical progression of meetings, all related to a single theme.
3. If the forum function is to be performed properly, it requires democratic control, broad individual and organizational participation and planning and independence of control.
4. Program planning for large forums is a function of democratically elected committees and not of any individual. The committee is essentially an independent, self directing organism. The role of staff is to perform a number of functions so that it may operate efficiently.
5. We should examine what must make up total education of a well-qualified worker and why. We shall conclude, I believe, that the present costs of large forums in social welfare are not too high in relation to the benefits which accrue to the individual, to the agency, to the community, and to society as a whole.
6. There is a growing recognition that objective and systematic evaluation can and should be an integral part of every large forum.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES, PASSED MAY 1, 1890, RELATIVE TO THE LANDS BELONGING TO THE UNITED STATES.

PRESENTED TO THE HOUSE OF REPRESENTATIVES, IN SENATE REPORT NO. 100, FEBRUARY 1, 1891.

BY JOHN W. FOSTER, COMMISSIONER OF THE GENERAL LAND OFFICE.

WASHINGTON: GOVERNMENT PRINTING OFFICE: 1891.

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**"A Provisional Agenda of Unfinished Business"**

Editorial by Joe R. Hoffer in The Conference Bulletin, Fall, 1960, pp. 2-3

This item followed the submission to the Executive Committee of the NCSW of its Study Commission's "Report on the Future Role of the National Conference on Social Welfare," a summary of which is included in Part II of this pamphlet. The content of this item is so general, and its coverage so comprehensive that it is included here, although it may have more meaning to the reader after he has read Part II.

It is common knowledge that a study usually turns up more problems than it solves; the recent study of the future role of the NCSW was no exception. There was general consensus, however, that the large generic forum in social welfare serves the important functions of communication and continuing education and that it appears to be here to stay. . .

There are two major needs referred to in the study which come under the heading of unfinished business. They are:

1. Continuing attention to the problems of conferencing in the social welfare field;
2. A national field service to strengthen state-wide community organization for health and welfare.

It would be difficult to overemphasize the importance of these problems to the National Conference and to the entire social welfare field. There are many persons, including the Executive Secretary, who believe that the future role of the NCSW cannot be charted until they are solved.

The list of purposes of the National Conference in the Study Commission report contains this statement:

"To provide a channel for a continuing exchange of information about conference activity at the state, regional, national, and international levels in the social welfare field. . . and consult with other organizations in promoting the most effective development and use of conference activity in social welfare. "

It is generally recognized that there is growing restiveness among boards of directors, appropriating bodies and agency managements throughout the country about the greatly increased costs of conferencing in relation to staff time as

well as dollar expenditures. There is little doubt that the field of social welfare and the profession of social work have prospered and reached their present high levels to a large extent because of the emphasis on specialization. However, the mushrooming effect this has had in the area of conferencing has resulted in a situation which those in leadership roles in American social welfare cannot ignore.

Consequently, the NCSW Executive Committee has instructed the President and Executive Secretary to consult informally with a small group of national organizations about ways and means by which the field might most effectively tackle this problem. Some of the questions which I believe must be faced are the following:

1. What are the common educational needs of the workers and organizations in the social welfare field?
2. How should the field of social welfare be defined as a basis for studying the problems of conferencing?
3. How much conferencing can we afford? How many forums do we need?
4. How can the functions of communication and continuing education be performed with a reduction in the amount of time required by career and volunteer workers?
5. Is there unnecessary duplication and overlapping in state and national forum activities? If so, what form does it take?
6. Should the state, national and international forum programs be more closely related? If so, how can this be brought about?
7. To what extent should specialized and technical subject matter be presented at so-called "generic" forums?
8. What should be the role of the specialized national agencies in generic forum activities on the state and national levels?
9. How can state and regional conferences of national agencies be related more closely to generic state conferences?
10. Should the NCSW change its present pattern of holding an annual national forum?

These questions, it will be quickly seen, are difficult ones to which there are obviously no simple answers. However, it is the conviction of the NCSW Executive Committee that a start must be made.

One of the knottiest problems in this whole area relates to the role of the state conferences of social work, and it may be that by addressing ourselves to

the second piece of "unfinished business" - the question of a national field service for state-wide community organization - we will find some guidelines that will be helpful in dealing with the over-all problem of conferencing.

The National Conference has a long history of close association with the state conferences, many of which are primarily forum bodies, modeled on the NCSW. In a substantial number of states, however, the forum function is conducted by state organizations with activities in the areas of planning, coordination, social action, and consultation to local communities on fund raising and other community organization problems. The question of strengthening the state conferences, many of which operate entirely on a volunteer basis, through the provision of national field service has long been of concern to the Executive Committee of the National Conference. It has been obvious that because of the multiple functions performed at the state level, such field service cannot be confined to the forum function.

It was this realization that led the NCSW in 1956 to join with the National Social Welfare Assembly and United Community Funds and Councils of America to draw up a project, in consultation with representatives of a variety of state organizations, which would provide field service to state groups on a wide range of functions. Because of lack of funds this proposal was never implemented, and the Study Commission has recommended that it be reactivated, or if it no longer seems the most appropriate way in which to approach the problems of state organizations in health and welfare, that some new means be found to assist these groups.

Before we can fully answer the ten questions I have listed above, we need to give some consideration to what should be the principles underlying the relationship at the state level of forums, legislative action, planning and state-wide fund raising. Closely identified with this is the question of the desirable base of state conferences, for both program and participation.

The purpose of this editorial is to point out two major areas which are of vital concern to the National Conference but which cannot be solved by the Conference alone. Needless to say, a "provisional agenda" is merely an administrative device and has no sanction until it has been reviewed, revised and adopted by the group which must act on it. Attention to this agenda, I would suggest, is a matter of first priority for the leaders in the social welfare field.





## PART II

### Papers About Specific Large Forums on Social Welfare

The writings in this part relate to specific large forums on social welfare - national, state, and international - so are, to some degree factual and detailed, as well as theoretical and analytical. The inclusion of reports of studies may give this part considerable practical value for some readers, although it is in no way intended to provide operating guides to conference administrators - a function that would require a different type of document for which this pamphlet might provide background material.

In view of the limitation of the sources of materials in this pamphlet, it is to be expected that more materials are included about the National Conference on Social Welfare than on state conferences or the International Conference of Social Work.

#### A. The National Conference on Social Welfare



This is the National Conference on Social Welfare

This information is given in a pamphlet about the NCSW and used on a selective basis with committees and organizations.

The National Conference on Social Welfare is an organization made up of 6,600 individual and agency members representing all aspects of health and welfare in the United States.

Its major function is to conduct an Annual Forum for the critical examination of basic social welfare problems and issues.

The Annual Forum - which is attended by 4,500 to 5,000 people each year - offers the entire social welfare community a rich opportunity:

To exchange ideas and techniques - between laymen and professional workers, public and voluntary agencies.

To improve standards of performance, to increase the effectiveness of individual agencies.

To develop a better understanding of social welfare problems, needs, programs and methods.

To develop citizens' support of and participation in social welfare activities.

From 1874 to Today

Since 1874 when it was organized and was known as the Conference of Boards of Public Charities, the Annual Forum has reflected the dynamic development of social welfare in this country. A look at some of the topics discussed at the meetings offers dramatic evidence of this. For example:

1874-1898	protection of children; English poor law in America; concern with the insane; organization of charity; immigration.
1899-1924	child labor; juvenile court; mothers' pensions; recognition of social casework; public relief merging into public welfare.
1925-1946	unemployment; social security; refugees; social reform; service to veterans.

1947-1961

suburbia; integration; aging; rehabilitation; recruitment of personnel; family breakdown; mental health; elimination of poverty.

Through the years the NCSW has made a continued appraisal of its role as a national agency in the social welfare field in order to assure its membership that its efforts are geared to the economic and social needs of the times. Today it is the only autonomous national organization, broadly inclusive in character, which assumes primary responsibility for the forum and discussion function in the health and welfare field.

### THE ANNUAL FORUM IN ACTION

The Annual Forum is held in the Spring in cities which can provide facilities and services to accommodate the 4,500 to 5,000 persons who attend.

Some 350 to 400 different meetings are scheduled over the 5 day period with 500 speakers, discussants and presiding officers.

Anyone may register and attend the Annual Forum. It serves the entire social welfare community and not just members of the NCSW.

#### Program Meetings of the Annual Forum

Four types of meetings are planned by and held under the auspices of the NCSW:

**GENERAL SESSIONS**, addressed by nationally known figures on broad topics of concern to all in the health and welfare field.

**DIVISION MEETINGS**, to examine a limited number of basic issues, problems, or trends and to consider their implications for the major areas of social welfare.

**SECTION MEETINGS**, to examine issues, problems and trends relating to the major methods of social work and to areas of interest to special groups in social welfare.

**AUDIO-VISUAL MEETINGS** at which outstanding films in social welfare are presented and discussed.

In addition about 60 leading national organizations, known as Associate and Special Groups, plan and hold their own meetings in conjunction with the Annual Forum. These make up a large part of the program meetings.

#### Exhibits and Consultation

Over 140 consultation and exhibit booths are set up by national and state

social welfare organizations and commercial firms. Several hundred publications are displayed in a Combined Book Exhibit. Many attending the Annual Forum also take the opportunity to confer with outstanding experts in their fields.

#### Employment Service

The U. S. and State Employment Services provide a special employment service job placement center at the Annual Forum. Agencies seeking personnel and individuals seeking jobs register in advance at local offices of their state service or at the Annual Forum.

#### OTHER KEY PROGRAMS OF THE NCSW

##### Publications

The annual publication of the proceedings of the Annual Forum - Social Welfare Forum - constitutes one of the most important documents on social welfare.

Several volumes of selected papers are published annually. In addition, NCSW has issued Social Security in 1953; Administration, Supervision, and Consultation; Segregation, Desegregation and Integration; Mental Health and Social Welfare and Social Welfare Administration.

NCSW on a quarterly basis sends a Conference Bulletin to its members.

Significant books in social welfare are selected and offered at discount to all except associate members. A list of these books and current volumes of selected papers is available on request.

##### Services to State Conferences and Planning Organizations

Although state conferences of social work and State Planning Organizations have no administrative relationship with the NCSW, they look to the national staff for advice and counsel. The national office serves as the secretariat for the Association of State Conferences and Planning Organizations for whom it conducts national meetings. NCSW is making every effort to offer increased service to them. An Annual Directory of State Conferences is published and a clearing house for information is maintained.

##### Services to International Social Welfare

The NCSW, like other national social welfare organizations in this country, has a deep concern for the rapidly expanding field of international social welfare. It was instrumental in fostering the establishment of the International Conference of Social Work, a world-wide forum organization, and it now provides the secretariat for the U. S. National Committee of the ICSW. In addition, the Executive Secretary of NCSW serves as Secretary General of the International Conference on a part-time basis.



### Public Information

The Annual Forum provides a unique opportunity to build up public understanding of the key problems and issues in the social welfare field. To take advantage of this the Annual Forum staffs a press room which serves an increasing number of reporters from newspapers all over the country. Participating organizations recognize the public information values of the Annual Forum and plan in advance to benefit from them.

### HOW THE NCSW OPERATES

The national office, located in Columbus, Ohio, is made up of a small year-round staff augmented at the time of the Annual Forum by temporary personnel. A branch office in New York City is served by two staff members.

Through a mail ballot the members of the NCSW elect the officers and principal operating committees. Among them are:

THE NATIONAL BOARD, composed of the officers and twenty-one other members, has overall responsibility for the administration and program of the organization.

THE COMMITTEE ON PROGRAM is responsible for planning and organizing the programs of the Annual Forum.

THE COMMITTEE ON NOMINATIONS receives suggestions from the members concerning people whose local performance indicates a capacity to contribute to the enrichment of the program of the NCSW.

### Membership Participation

Membership participation is of vital importance to the NCSW in order to make sure that the program stems from the local communities throughout the country.

To facilitate membership participation and to assure representation from all parts of the country nine members of the National Board and nine from the Committee on Nominations are elected on a regional basis.

### Regions of the NCSW

1. Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont.
2. Delaware, New Jersey, New York, Pennsylvania.
3. District of Columbia, Maryland, North Carolina, Virginia, West Virginia, Puerto Rico, Virgin Islands.



4. Kentucky, Michigan, Ohio.
5. Illinois, Indiana, Minnesota, Wisconsin.
6. Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee.
7. Colorado, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming.
8. Arkansas, Louisiana, New Mexico, Oklahoma, Texas.
9. Arizona, California, Nevada, Oregon, Washington, Alaska, Hawaii.

#### How it is Financed

The budget of NCSW is examined and approved by the National Budget Committee. Membership dues are the principal source of support. Fees at the Annual Forum are an essential income which never-the-less falls short of paying the cost of the meetings. Membership dues must meet most of the rest, including publications. Efforts are being made to increase income from various sources.

#### MEMBERSHIP CATEGORIES AND FEES

Anyone interested in the NCSW may be a member. \* The only requirement is an interest and a basic agreement with its purpose.

Benefits of Membership are:

Voting

Quarterly Conference Bulletin

Special Registration Fees at Annual Forums

(For individual members in \$7.00 and \$10.00 categories)

Free Registration at Annual Forums

(For individual members paying dues of \$25.00 or more)

Proceedings of the Annual Forums

(For members paying dues of \$10.00 or more)

Discount on books

(For members paying dues of \$10.00 or more)

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\* No special form or Conference action is required in becoming a member. Send name and address with check to the national office, 22 West Gay Street, Columbus 15, Ohio.

Individual Membership Dues

Regular - with full privileges	\$10.00
Associate - without Proceedings and book discounts	7.00
Sustaining - free registration	25.00
Contributing - free registration	over 25.00

Life Memberships

A limited number of Life Memberships are available at \$200.00 or more. These are used to establish a Life Membership Rotating Fund to help extend the services of the NCSW. Life Members have the privileges of regular members.

Agency Membership Dues

The Regular Membership

Class C Membership	\$35.00
Allowing five staff or board members to register at Annual Forums at special rates	

A Special Offer for Smaller Agencies

Class D Membership	\$20.00
Allowing two staff or board members to register at Annual Forums at special rates	

For Larger Agencies

Class B Membership	\$50.00
Class A Membership	\$100.00 or more
Allowing a limited number of staff or board members to register at Annual Forums at special rates	
Class AA Membership	\$500.00 - \$1,000.00
Allowing unlimited number of staff or board members to register at Annual Forums at special rates	

**For Organizations unable to purchase memberships**

Subscription plan	\$60.00, \$110.00, \$250.00 or more
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Allowing reduced registration fees to proportionate number of staff or board members, all privileges of membership, multiple copies of the Conference Bulletin, and free copies of the Forum Publications.

**Corporation, Trade Union, Association and Foundation Memberships**

Memberships are available to corporations, trade unions, associations and foundations which are interested in supporting the purposes of the Conference. Full particulars about dues and special features of this category may be obtained from the headquarters of the NCSW.

**Registration**

Registration for the Annual Forum is necessary for those who attend. Registration fees are determined by the National Board each year. Fees for individual members, agency delegates and students are considerably less than for non-members.

**NATIONAL AGENCIES ASSOCIATED WITH THE NCSW**

AFL-CIO Community Services Activities  
American Council for Nationalities Service  
American Friends Service Committee  
American Home Economics Association  
American Humane Association, Children's Division  
American Immigration and Citizenship Conference  
American Jewish Committee, The Institute of Human Relations  
American Legion National Child Welfare Division  
American National Red Cross  
American Public Welfare Association  
American Social Health Association  
Anti-Defamation League of B'nai B'rith  
Association of the Junior Leagues of America  
Association of State Conferences of Social Work and Planning Organizations  
Big Brothers of America  
Child Study Association of America  
Child Welfare League of America  
Church Conference of Social Work  
Community and Social Agency Employees Union, A. F. S. C. M. E. , AFL-CIO  
Council on Social Work Education

Family Service Association of America  
Florence Crittenton Association of America  
International Social Service - American Branch  
Military Social Work  
National Association of Housing and Redevelopment Officials  
National Association for Mental Health  
National Association for Retarded Children  
National Association of Social Workers and its Sections  
National Association on Service to Unmarried Parents  
National Association of Training Schools and Juvenile Agencies  
National Committee for Day Care of Children  
National Committee on Employment of Youth of the National Child  
Labor Committee  
National Conference of Jewish Communal Service  
National Council on the Aging  
National Council on Alcoholism  
National Council on Crime and Delinquency  
National Council of Jewish Women  
National Council Protestant Episcopal Church, Department of  
Christian Social Relations  
National Council, Y. M. C. A. 's  
National Federation of Settlements and Neighborhood Centers  
National Jewish Welfare Board  
National Legal Aid and Defender Association  
National Public Relations Council of Health and Welfare Services  
National Social Welfare Assembly  
National Society for Crippled Children and Adults  
National Travelers Aid Association  
National Urban League  
Planned Parenthood Federation of America  
The Salvation Army  
Social Work Vocational Bureau  
United Community Funds and Councils of America  
United HIAS Service  
United Seamen's Service  
Volunteers of America  
Y. W. C. A. of the U. S. A.

THE PRESIDENTS  
and the place of the Annual Forum  
from 1937 to 1962

Edith Abbott Indianapolis - 1937	Dr. Martha M. Eliot Atlantic City - 1950
Solomon Lowenstein Seattle - 1938	Ewan Clague Atlantic City - 1951
Paul Kellogg Buffalo - 1939	Lester B. Granger Chicago - 1952
Grace Coyle Grand Rapids - 1940	Eduard C. Lindeman Cleveland - 1953
Jane M. Hoey Atlantic City - 1941	Brooks Potter Atlantic City - 1954
Shelby M. Harrison New Orleans - 1942	Arthur J. Altmeyer San Francisco - 1955
Fred K. Hoehler New York, St. Louis - 1943	Benjamin Youngdahl St. Louis - 1956
Elizabeth Wisner Cleveland - 1944	Margaret Hickey Philadelphia - 1957
Ellen C. Potter One-day meetings in 139 cities - 1945	Eveline M. Burns Chicago - 1958
Kenneth L. M. Pray Buffalo - 1946	Robert H. MacRae San Francisco - 1959
Arlie Johnson San Francisco - 1947	Charles I. Schottland Atlantic City - 1960
Leonard W. Mayo Atlantic City - 1948	Mrs. Victor Shaw Twin Cities - 1961
Ralph H. Blanchard Cleveland - 1949	Fede F. Fauri New York City - 1962





The following two items relate to two functions performed by the Annual Forum of the NCSW and also by other forums.

"A Speech is Given in San Francisco. . ." Editorial by Joe R. Hoffer in the Conference Bulletin, Spring, 1955 (Vol. 58, No. 3), pp. 2, 21.

"An Invitation to Controversy" - Editorial by Joe R. Hoffer in The Conference Bulletin, Summer, 1958 (Vol. 61, No. 4), p. 2.

"A Speech is Given in San Francisco. . ."

Each year the Annual Forum brings together individuals and groups of broad experience and knowledge to express their views on important social welfare matters of national and international significance. The Forum speakers are teachers who, through their participation, contribute their exceptional talents for the benefit of all.

By means of the cooperation of the press, radio, and television, the major issues are carried to the people of the United States and far and wide throughout the world. The publications of the Conference and its Associate Groups multiply the Forum audience manyfold.

The NCSW Annual Forum has become a recognized educational institution, and no one can estimate the values of the ideas and ideals that are disseminated through its sessions and publications. Knowledge, coupled with wisdom, gives men and nations the equipment with which to arrive at mutual understandings and practical decisions.

The impact of the spoken word on the individual attender is greater, however, than that of the printed word. The personality of the speaker gives life and spark to his ideas. There are increased opportunities to receive inspiration or a "lift" which will help the individual when he returns to the everyday job. Personal attendance makes possible the realization of other potential values inherent in the Annual Forum, e. g. continuing professional education, providing specific help or answers to the problems on the job, and testing attitudes and beliefs.

The Forum would fail in its mission, however, if the individual attender did not carry some message back to his colleagues and agency for enriching their professional growth through inservice education.

"An Invitation to Controversy"

In the rich fare of issues presented at the 82nd Annual Forum in San Francisco by the NCSW Program Committee and the Associate Groups were many that were controversial. A problem can be called controversial when some of its proposed solutions conflict with the cherished interests, beliefs, or group affiliations of a section of the population. Fundamental to most controversy is



the emotional attachment of some individuals or groups to a particular point of view.

Controversy should not be an end in itself. Our goal is to find creative solutions to meeting the needs of people, and the constant concern of the Conference is to play its part in reaching this goal. We believe that friction should be brought out into the open, for suppression of differences serves to push conflict out to the extreme fringe where rational thinking and reason suffer.

Controversy over method is more common than differences over purpose. We can diminish our differences on both the broad issues and the more technical problems within the field if we define our common goals more clearly and share our experiences in an effort to find a basis for agreement on methods.

One important task of the National Conference is to bring to the fore important problems about which there are differences - both the broad social problems and the more specialized ones within the field. The Conference is not qualified to assume a planning or social action function in relation to these problems, but it should provide an opportunity for the airing of differences and, hopefully, for the presentation of views which eventually will lead to acceptable solutions.

In carrying out its function, there is always the danger that the Conference will be charged with talking about problems but doing nothing about them. We must leave to other organizations, which are more sharply focussed in terms of membership and objectives, the functions of planning and social action, but this does not mean that we are not concerned about securing action on the particular issues and problems that are stressed during the Annual Forum. We need cooperative relationships with other national organizations having responsibilities in these areas.

The Conference has a long and distinguished history of serving as the open market place of ideas for the social welfare field. This is a heritage we want to maintain and strengthen. It has been said that today's social workers shy away from controversy. But if our experience in San Francisco is any criteria, I think we can say that we are prepared to meet controversial questions head on and that we recognize that we must be willing to listen constructively to all points of view about them.

Someone has said that great ideas need landing gears, that after talk we need positive action. The responsibility of the Conference is to ensure an open forum where ideas can not only be freely presented but tested against all comers, so that the action when it comes will result in the well-being of society.

### The 1957-60 Study of the NCSW

The NCSW believes in continuous self-evaluation but periodically invites outside groups to make studies of its program and operations. The most recent such study was authorized in 1957, when a Study Commission on the Future Role of the NCSW was appointed, and was completed in January, 1960 when that Commission submitted its report. The remainder of this section consists of materials relating to that study and to developments since then.

#### "Scope and Character of the National Conference on Social Welfare"

This paper was prepared as a staff working paper for the Study Commission on the Future Role of the National Conference on Social Welfare in February, 1958. It supplements information in the preceding pamphlet.

#### Purpose of the Working Paper

The purpose of this staff working paper is to describe and interpret the scope and character of the NCSW. It is intended merely for informational and background purposes by the Study Commission on the Future Role of NCSW.

#### Function, Aims and Objectives

"The National Conference on Social Welfare is a voluntary association of individual and organization members who have joined the Conference to promote and share in discussions of the problems and methods identified with the field of social work and immediately related fields. The Conference is a forum for such discussion," says the Preamble to the NCSW Constitution. Within this broad definition of this organization which, in the 84 years since its founding, has become an institution to professional and lay people interested in social welfare, there is room for the Conference to mean many things to many people. From the worker in a one-person rural agency office to the national agency staff member who must attend many conferences each year, from the mature person whose roots are in an earlier period of social work history to the young person who has come lately to the profession either as a career or a stop-gap; the sophisticated practitioner, the service volunteer, the busy administrator - these and many others look to the Conference with a great variety of expectations.

However diversified these interests may be, the Conference function, which is "to provide a dynamic educational forum for the critical examination of basic social welfare problems and issues," appears to provide common ground for 5000 - 7000 people annually. The more specific objectives underlying the function

are to provide a medium for interchange of ideas and techniques, assist in improving standards of performance, develop better public understanding, develop citizen support and participation, help to sustain morale among both volunteers and professionals, provide a chronological and cumulative record of developments in the field, and to provide auspices for meetings of related groups.

The Conference is unique in that it is an autonomous organization with unrestricted membership - professional and lay, sectarian and non-sectarian, government and voluntary, individuals and organizations. It is prohibited by its Constitution from taking action on social issues. In an age of specialization, the breadth of subject matter dealt with on Annual Forum platforms is such that it has meaning not only for the many specialists within the health and welfare fields, but also among specialists from other disciplines and fields of practice; yet at the same time the Forum program, seen whole, brings out those common elements shared by all those of the humanitarian professions.

The Conference was organized in 1874 when "the times called for a national clearinghouse of ideas and experiences; a national medium for the exchange of opinion; a national forum in which to debate and appraise differing theories, policies and practice; a platform from which could be presented fresh information on social problems and methods of dealing with them as the frontiers of knowledge were moved forward." The Proceedings of the intervening years record the shifts in social problems, the pros and cons of social inventions, and the emergence of modern social work and of the profession itself. Originally organized under the name, Conference of Boards of Public Charities, by representatives of eight state boards of charities, the organization name was changed in 1917 to the National Conference of Social Work, and again in 1956 to the National Conference on Social Welfare.

In line with the Conference tradition of endeavoring to change with changing needs, there have been periodic self-examinings in the course of its history. The last of these was in 1948. After a year's study, a specially-appointed committee reported to the membership that the Conference would continue to be needed in the social welfare community if it fulfilled these specifications: "an autonomous organization, national and broadly inclusive in character, to assume primary responsibility for the forum and discussion function in the field of health and welfare; an organization, with unrestricted membership-paid and volunteer, lay and professional, sectarian and non-sectarian, individual and organizational - with officers and committees democratically chosen by majority vote; an organization which would emphasize generic and basic subject matter in the field of health and welfare."

#### Structure, Organization, and Administration

The Conference is incorporated as a non-profit organization; contributions to it are tax-exempt. Its Executive Committee, the governing body, is elected by members in a mail ballot and consists of 7 officers and 21 other members. Officers include the president, three vice-presidents, secretary, treasurer, past president, and executive secretary. No person can be nominated for more than

two consecutive terms. The Committee and officers normally meet three times annually. Committees on Program and Nominations are the two other principal operating committees; their members are also elected by the membership. The Committee on Program plans and organizes programs of the Annual Forum. The Committee on Nominations, with cooperation of the membership, seeks out new leadership developing in all parts of the country to fill the elective and appointive positions in the Conference. About 200-300 persons who serve as individuals participate annually in the on-going business of the Conference through their membership on approximately 30 elected and appointed committees.

The Conference is administered through the following staff: three full-time professional; four full-time administrative; four full-time secretarial and clerical. A public relations consultant is employed on a per diem basis. This staff has responsibilities for both NCSW and the International Conference of Social Work. Additional temporary staff are employed during the period of the Annual Forum, and the Local Sponsoring Committee recruits over 300 volunteers to assist the staff. The national office is located in Columbus, Ohio, and a two-person office is maintained in New York City. There are no local units of the organization. Work is carried out through existing local and state organizations. Representatives from each of the nine regions in the country used by the Conference for administrative purposes hold membership on the Executive and Nominating Committee.

#### Membership

"Any person or organization interested in the purposes and work of the Conference may, upon payment of the membership fee prescribed for their membership classification, become a member of the Conference." At present the membership consists of 5850 individuals and 1150 organizational members of which 120 are national organizations. Membership fees, revised upward this year, are as follows:

#### Individual Memberships

Regular	\$10.00
Associate	7.00
Sustaining	25.00
Contributing	more than 25.00 at the discretion of the member
Student (for full-time students of graduate schools of social work)	1.00

#### Agency Memberships

Class AA	\$500. -1,000. or more
Class A	100. or more
Class B	50.
Class C	35.
Class D	20.



Members are entitled to vote in annual elections, and receive the quarterly Conference Bulletin. Members paying \$10.00 or more receive the Proceedings and discounts on books offered. Members paying \$25.00 or more are entitled to free registration at the Forum.

The over-all trend in membership in the ten year period 1948-57 has been one of ups and downs with a slight net gain. When Forums are held west of the Mississippi, membership rises and registration for the Forum falls, and the reverse occurs in years when the Forum meets in the East. In the decade, the highest membership peak was 7000, in San Francisco in 1955; the lowest in Atlantic City in 1950, was 5300. A questionnaire has been sent to members to serve as a basis for analysis of membership composition, since relatively little factual information is available at present.

### Program

The major program activity of the Conference, of course, is the conduct of the Annual Forum, and publication of the official Proceedings and three additional volumes of selected Forum papers. However, the Conference also publishes a quarterly Conference Bulletin; provides a discount service for members on professional books; acts as the secretariat for the Association of State Conferences (of Social Work) for which it conducts regional and national meetings, collects and distributes material of interest to state groups, makes occasional studies, and, in cooperation with various state conferences sponsors regional institutes; shares staff, office and facilities with the International Conference of Social Work, a world-wide forum organization which it helped create in the 1920's and cooperates actively with other organizations in the field of international social work.

The Annual Forum, held in the spring and rotated from East to Midwest to West or Southwest, extends eight days including pre-Forum meetings of three days. About 375 separate meetings are scheduled and nearly 500 speakers, discussants and presiding officers are involved. Meetings are of two major types: those planned by the Conference Program Committee and those held under the auspices of the 55 national organizations which hold status as Associate and Special Groups of the Conference. The Program Committee plans general sessions, addressed by nationally known figures on topics of broad interest and concern to the entire field; section meetings addressed to subjects in the fields of service to individuals and families, groups and individuals in groups, and agencies and communities; and common service meetings dealing with questions in such fields as social research, personnel and administration, public relations, methods of social action, planning conferences and meetings for social welfare, and financing social welfare services.

Associate and Special Groups hold approximately 200 of their own meetings in conjunction with the Conference. A Committee on Combined Associate Group Meetings plans sessions on subjects of common interest and concern.

An important part of the Annual Forum is the exhibits and consultation service provided by national and state local welfare organizations and a few commercial organizations. The Conference also organizes a combined book exhibit; arranges an extensive program on audio-visual aids; and, in cooperation with the National Social Welfare Assembly and the U. S. Employment Service, conducts an employment service for agency employers and social workers seeking job placements.

Among the service areas dealt with by Forum papers, symposia, panel and group discussions, and movies, services to individuals and families and services to agencies and organizations are most often the subject of discussion and the giving of papers is most often the mode of presentation. An analysis of the 1956 program showed that out of 210 subjects dealt with in meetings, 96 fell in the area of services to individuals and families and 84 in the area of services to agencies and communities. The same analysis showed that 50 percent of the subjects were handled by speakers giving papers.

The major changes in the Forum in the past 25 years have related to scheduling, program organization, and new services. Official meal functions were discontinued in 1947. Since 1950 the Forum period has been shortened by a day. In 1951, in implementing the recommendations of the 1948 Conference Study Committee, the Forum plan of organization was changed to allow for the present 3 Sections and 6 Common Service Committees, replacing 12 Sections; Associate Group meetings were changed from four afternoons to two full days; and the custom of holding meetings under combined Associate Group auspices was inaugurated. The following new services have been added: employment service (in cooperation with NSWA and USES); combined book exhibit; orientation meeting for newcomers; commercial exhibits; staff aides for meetings; audio-visual aids programs.

#### Annual Forum Attendance

Registration at the Forum has, in the period 1932-1958, ranged from 3167 to 7205, with the median of 5000. About 90 percent of attenders are people employed in social work. A study of registrants in 1956 showed that about 6 percent were lay people (board and committee members and other laymen). Among the employed people, about one-third are practitioners, between 25 and 30 percent are administrators and one-fifth are supervisors. Since the mid-50's the proportion of practitioners and administrators has reversed. Child welfare personnel constituted about one-fifth of the registrants in 1953 and 1954, with those from group work, public assistance, family service, psychiatric and medical social work, etc. ranging between 10 and 15 percent of the total. Since then the proportion of child welfare personnel has dropped slightly, being exceeded one year by the numbers of public assistance workers. In the last five years the relative proportion of representatives of government and voluntary agencies has shifted, with government workers increasing about 10 percent to a little less than half the registrants and those from voluntary agencies decreasing from about 60 percent to a little more than half. The decrease in the latter is among employees of non-sectarian agencies. The proportion of employees of sectarian agencies has increased

from 17 to 23 percent of the total. Experience has shown that these percentages are affected by the location of the Annual Forum.

Why do people come to the Forum? For the past two years, according to the evaluation studies made by the Conference, "for my own continuing professional education" has topped the list, and "to keep in touch with modern thought in my own field of interest" has been a close second. In 1954, both were exceeded by interest in "getting some background or knowledge about a field which is not my specialty but which I'd like to be informed about," but this is now fourth on the list. "To get specific help or answers to problems I am facing on my job" rose to third place in 1955 and remained there.

Conclusions of these studies are that attenders represent all fields of social welfare practice with the majority in child welfare and multiple welfare services; approve of the subjects chosen for discussion; give high rating to most speakers. Poor delivery of speakers, physical arrangements for meetings, heavy smoking in small rooms, too little time for floor discussion, and too much noise near meeting rooms have been the complaints made.

The choice of site for the Forum is a point where practical considerations are in conflict with the natural desire of the Conference to be accessible to the whole field. Experience shows that in a three-year period the attenders come from all 48 states and approximately 2000 communities, the great majority of any one Forum registration are local and nearby social workers. Since 1950 attenders from the local area have comprised from 21 to 55 percent of the registration; from 42 to 73 percent have come from a radius of 300 miles. Thus Forums held in Eastern cities are better attended, and in years when the Forum "goes West" it must be prepared to subsidize the costs from reserves if necessary, although attendance at the last San Francisco meeting exceeded expectations. It is the policy of the Conference to hold the Forum only in cities where racial discrimination is not practiced, and this rules out areas of the South and Southwest. In addition, adequacy of facilities - auditorium and other meeting places, hotels restaurants, etc. - must be carefully considered. As of the fall of 1957, only four cities in the country could be rated "good or high" and an additional six cities as "average or medium," although changes in hotel and auditorium management and services can alter the picture.

In 1954, the Conference Executive Committee adopted the principle of rotating the Annual Forum to all sections of the country. In the ten year period 1948-57, four Forums were held in the East, three in the Midwest, and one on the West Coast.

#### Relationship with Associate Groups

A primary objective of the Conference is to provide a common meeting ground for all people in the field of social welfare. In the cooperative and mutually beneficial relationship between the Conference and its Associate Groups - and among the Groups - one sees this idea in action. Associate Group status is



important to an organization, since the Annual Forum provides a platform from which its progress, new ideas and discoveries, may be reported to the social welfare field and, via the Conference publicity and public relations facilities, to the general public. The organization thus adds to its own prestige in the social welfare community and in the eyes of the public. From a practical point of view, it also offers an inexpensive opportunity to hold its own meetings. In some cases such meetings may be the organization's only national gathering.

The meetings planned by Associate Groups contribute to the breadth of Forum programs and make for a strong continuing force for the constant enlargement and improvement of services. At the same time, an organization's own members have a chance to learn of developments in related specialties and services.

At present, fifty-five national organizations have Associate Group or Special Group status, holding their meetings either separately in advance of the Forum or, more often, in the two days set aside for them during the Forum week. In the past five years, the Combined Associate Group meetings have provided an opportunity for organizations to join others with related interests in sponsoring and planning meetings on problems of mutual concern.

Recently several major groups have registered the fact that there was insufficient time for their meetings especially for those Groups planning workshop or institute types of programs. It has been proposed that either these Groups be permitted to hold meetings regardless of conflict with meetings arranged by the NCSW Program Committee or the Committee on Combined Associate Groups, or that the Annual Forum period be extended to allow an extra day for Associate Group meetings.

#### Impact on the Field of Social Welfare

It is recognized that the Conference has considerable influence on social welfare in this country. In addition to individual and agency members, several thousand non-members attend each Annual Forum and an unknown number of people read the more than 8000 copies of the official Proceedings and Selected Papers which are distributed free or sold each year. The NCSW contributes to stimulating educational growth, encouraging higher standards of work, offering a medium through which many parts of the complex structure of social welfare may pool experiences on current social problems, appraise economic and social conditions affecting the field, report new discoveries and accomplishments, discuss new undertakings, and submit the results of studies and research, etc.

#### Finances

Traditionally, about half the Conference budget has gone into administration of the Annual Forum and 75 percent of the income to meet the budget has come from memberships and registrations at the Forum. In the past ten years the budget has risen by nearly 60 percent, from \$100,000 in 1948 to \$157,000 in 1958.

The margin between income and expenditures has been a narrow one, and in 1956 expenditures did exceed income. This year all membership fees have been increased, and an income of \$81,000 is anticipated from this source. Registration is expected to supply about \$38,000. The other two major sources - exhibits and publications - are expected to bring \$16,000 and \$11,000 respectively.

Against this, the cost of the 1958 Forum is projected at about \$75,000. A similar amount will be spent on publications, including the Proceedings, services to state conferences, international social welfare, and membership processing, promotion and participation.

Beginning in 1948, the Conference has paid for all Forum facilities; previously some of this cost was borne by host communities. Major increases in operating expenditures since that time are primarily due to salary increases and higher operating costs. Income to meet these increased costs has come from membership and registration fees, exhibits, Associate Group assessments, and the International Conference of Social Work. A reserve fund has been carried since 1948, with funds being transferred from surplus funds directly, as a bulwark against a deficit in years when the Forum meets in sites where lower registration may be anticipated. As of December 31, 1957, the Conference had reserves of investments and savings of \$36,000.

"A Proposed Diagnostic Framework"

By David L. Sills of the Bureau of Applied Social Research, Columbia University, May, 1958

This paper was also prepared for the Study Commission on the Future Role of the National Conference on Social Welfare as a part of its preliminary materials. It represents a sociologist's analysis of the NCSW.

The purpose of this memorandum is to provide a diagnostic framework for use by the Study Commission both in examining the present structure and functioning of the National Conference on Social Welfare and in formulating recommendations concerning the future-oriented policy of the Conference. Since the term "diagnostic framework" is not completely self-explanatory, a few prefatory comments are perhaps in order.

The staff of the Conference has in recent months prepared a series of papers which describe from several different points of view the current status of the Conference and its Annual Forum: Its organizational structure, its membership, its program, its financing, its objectives, etc. Similarly, the history of the Conference since its founding in 1874 has recently been very systematically and competently reviewed.\* For this reason, very little attention is paid in this memorandum to the descriptive aspects of the Conference; basic knowledge of these on the part of the reader is assumed.

If this memorandum is not descriptive, neither is it truly theoretical. Although for many purposes it would be useful to have available a theoretical analysis of the Conference, which would seek to develop propositions which would apply to all organizations of its type, no such analysis is attempted here, for two reasons. First, there is practically no body of theory upon which such an analysis could be based. For a variety of reasons, sociologists who have studied large-scale organizations have not directed their attention to organizations which are as amorphous as the Conference. Rather, organizational theory in its present state of development is almost entirely concerned with what might be termed "closed" organizations: those with a well-defined membership

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\* See Frank J. Bruno, Trends in Social Work, 1874-1956 (New York: Columbia University Press, 1957).

which is sharply stratified and in frequent inter-action. Industrial organizations, government bureaucracies, trade unions, and voluntary health associations are all examples of organizations having these general characteristics. \*

A second and more positive reason for not attempting a theoretical analysis in this memorandum is that it is intended to be used in part as a starting point for clarifying a large number of highly specific questions concerning the Conference. Although social theory often provides directives for very specific programs of action, considering the present state of knowledge in this field a diagnostic framework should prove more useful.

What, then, is a "diagnostic framework?" In simplest terms, it is an organized list of categories, or criteria, against which a specific organizational characteristic or proposed characteristic can be judged. It is not, at least in the present version, a fully-documented analysis. Nor is it a particularly well-informed one, since the writer has had no first-hand, and only cursory secondhand, knowledge of the empirical facts concerning the Conference. Rather, it is a somewhat irresponsible somewhat uninformed, and fundamentally outside view of the Conference which is presented in these pages. The ultimate utility of such a framework can only be determined empirically. One practical use is described below.

#### An Illustration

Since it is the people who belong to the Conference -- who they are, what they think of the Conference, how the Conference helps them, how they compare the Conference with other organizations having similar purposes -- who will ultimately determine its future, a major part of this inquiry will consist of questions addressed to individuals. But what questions should be asked?

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\* Illustrative examples of sociological analyses of organizations of this kind are the following:  
Industrial Organizations: F. J. Roethlisberger and William J. Dickson, Management and the Worker (Cambridge: Harvard University Press, 1943); Alvin W. Gouldner, Patterns of Industrial Bureaucracy (Glencoe, Illinois: Free Press, 1954).  
Government bureaucracies: Walter R. Sharp, The French Civil Service (New York: Macmillan Co., 1931); Peter M. Blau, The Dynamics of Bureaucracy (Chicago: University of Chicago Press, 1955).  
Trade Unions: Seymour M. Lipset, Martin A. Trow and James S. Coleman, Union Democracy (Glencoe, Ill.: Free Press, 1956); Arnold M. Rose, Union Solidarity (Minneapolis: University of Minnesota Press, 1952).  
Voluntary health associations: David L. Sills, The Volunteers (Glencoe, Ill.: Free Press, 1957).



A fundamental feature of most social research inquiries is that the questions posed by the consumers of the research (in this case the Study Commission, and through it, the Conference itself) can seldom be used in untranslated form by the researchers. To illustrate: if the leaders of a Proestant denomination want to know the extent to which they can make official statements of policy about matters of public interest without antagonizing their parishioners, the researchers cannot ask this question of parishioners directly. Instead, they would ask parishioners a series of questions -- about their political and social attitudes, their frequency of church attendance, their knowledge of the church's public pronouncements, etc. -- which would provide the raw data for the analysis. The task of the researchers would then be to examine the responses to one question with those of another, to develop various indices of "concern" or "identification", etc. Through an internal analysis of this type a series of findings would emerge which hopefully would make it possible to answer the initial question posed by the denomination.

How do the researchers compose these specific questions? The method varies somewhat of course from study to study, but one common method is to develop a "model" of the behavior involved in the phenomenon under investigation. To illustrate: recent studies of how people vote as they do in presidential elections have made use of a highly abstract "model" of the decision to vote, which includes such dimensions as family voting patterns, attitudes toward current issues, exposure to campaign propaganda, exposure to the voting intentions of friends and relatives, etc. Using this "model" as a guide, the researchers have a reasonable assurance that important areas will not be neglected in the questionnaire instrument they prepare.

The same logic applies in the present case. In order to know what kinds of questions to ask members of the Conference, potential members of the Conference, leaders of Associate Groups, etc., it is necessary to develop some kind of "model" of the structure and activities of the Conference. The present diagnostic framework constitutes an outline or illustration of such a "model"; it will take several months of preliminary investigation in order to construct the complete "model" from which the actual plan of inquiry will be developed.

#### Towards a Sociological Definition of the Conference

The story is told of three baseball umpires who were discussing the intricacies of their trade. The conversation turned to the problem of how to tell the difference between a ball and a strike.

"I calls 'em as they are," was the first umpire's contribution to the theory of umpiring. "I calls 'em as I see 'em," retorted the second. The third umpire spat between his teeth, gave his colleagues a disgusted look, and stated: "They ain't nuthin" until I calls 'em!"

Translated into the terms of the present discussion, the first umpire would clearly make a descriptive statement about the Conference; he would, for example, note simply that it is an organization which sponsors an annual forum attended by

workers in the social welfare field. The second umpire, however, would make an interpretative or evaluative statement; he would note, for example, that the Conference is "one of the primary instruments for keeping social welfare problems abreast of the changing American scene. Its leadership has been in the area of ideas. It has posed the central issues of the day confronting social welfare programs and provided a national forum for their examination and debate."\* The third umpire is more difficult to understand, since he is obviously a sociologist. How would he define the Conference?

Looking first at its membership he would say that the Conference is a professional organization, but one of the very special kind; it is neither the primary professional society in the field of social work -- the National Association of Social Workers performs that function -- nor is it composed entirely of professional social workers. Although in recent years nearly 90 percent of the registrants at the Annual Forum have been employed in social work, these people are not necessarily professional social workers. Furthermore, lay persons have from time to time been elected to the important post of President. The Conference is therefore located somewhere on the continuum between a society of professional social workers and an association of workers in social agencies. In this respect it reflects the current status of the social welfare field.

Turning next to the structure of the Conference, the sociologist would note that it is technically a formal organization; in legal terms, it is "a voluntary association of individual and organization members who have joined the Conference to promote and share in discussion of the problems and methods identified with the field of social work and immediately related fields."\*\* But he would note also that the social welfare movement is one of the major social movements of our time, and that the Conference can therefore be regarded as an example of a phenomenon known as "the institutionalization of social movements."

The phenomenon has been observed in a wide variety of empirical situations, and there is a growing body of literature reporting on the "life cycle" of social movements. In simplest terms, what happens in many, if not most, social movements is the following: the original leadership either generates or capitalizes upon a growing feeling of unrest among the population, and seeks ways of translating this unrest into social action. In order to do this the responsibility for carrying out specific tasks is delegated to others; i. e., an organization is created. The process of delegation, from this point of view, is the fundamental process underlying the formation of organizations.

"This organizational paradox," as it has been called,\*\* stems from the fact that organizations often prevent the translation of unrest into social action.

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\* Quoted from the Introduction to the proposal requesting funds for the present study.

\*\* Quoted from the Preamble to the Conference Constitution.

\*\*\* Philip Selznick, "An Approach to a Theory of Bureaucracy," American Sociological Review, 8 (1943), p. 49.

This is true because in order to accomplish their goals, organizations must establish a set of procedures or means. In the course of following these procedures, the persons to whom authority and functions have been delegated often come to regard them as ends in themselves rather than as means toward the achievement of the organization's goals. The inevitable result of this process is that the actual activities of the organization ultimately become centered upon the proper functioning of organization procedures, rather than upon the achievement of the initial goals. This phenomenon has been observed in a number of social movements in the process of becoming institutionalized; perhaps the most dramatic example is Robert Michels' classic analysis of goal displacement in such institutionalized expressions of the socialist movement as political parties and labor unions.\* Viewed from this perspective, the Conference would appear to be located somewhere on the continuum between a formal organization and a social movement.

There is no need to review here the wide range of activities which have been described as social movements. Generically, a social movement may be defined as the activities of organized groups which seek to bring about some change in society. Herbert Blumer, for example, states that social movements may be defined as "collective enterprises to establish a new way of life;" Rudolph Heberle describes a social movement as "a collective ready for action by which some kind of change is to be achieved, some innovation to be made, or some previous condition to be restored;" and Wendell King says that social movements involved "a systematic effort to inaugurate changes in thought, behavior, and social relationships."\*\* Since by these criteria the social welfare movement qualifies as a social movement, and since the Conference is also by definition a formal organization which promotes the discussion and clarification of the problems involved in achieving social welfare, its status as the institutionalized expression of a social movement seems beyond dispute.

The usefulness of these definitions for present purposes is that they make it possible to locate the Conference on the coordinates inherent in these continua, and thus provide a basis for comparing the Conference with other voluntary associations. Chart I presents one attempt to locate it and compare it in this way.

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\* Robert Michels, *Political Parties* (Glencoe, Ill.: Free Press, 1949). This book was first published in Germany in 1911.

\*\* See Herbert Blumer, "Collective Behavior," in Alfred M. Lee, (ed.), *Principles of Sociology*, (New York: Barnes and Noble, 1955), p. 199; Rudolf Heberle, "Observations on the Study of Social Movements," *American Sociological Review*, 14 (1949), p. 349; and C. Wendell King, *Social Movements in the United States*, (New York: Random House, 1956), p. 27.



The accuracy of the position assigned to individuals in Chart I is irrelevant for present purposes; what is relevant is the position of the Conference on the diagonal between the two continua. For it suggests that a balanced view of the Conference requires that it be viewed both as a lay association and as a professional society; both as a formal organization and as a social movement.

# THE NATIONAL CONFERENCE ON SOCIAL WELFARE COMPARED TO OTHER VOLUNTARY ASSOCIATIONS\*

Social movement like associations

The Inst. for Gen. Semantics

The Assn. for the Advancement of Psychoanalysis

The Amer. Country Life Association

Planned Parenthood Fed. of America  
The Amer. Wilderness Society  
The Internatl. Conf. of Social Work

The World Zionist Cong.

The Townsend Organization

Alcoholics Anonymous

The Women's Christ. Temperance. Un.

## THE NATIONAL CONFERENCE ON SOCIAL WELFARE

Nat. Assn. for Advancement of Colored People

The Amer. Inst. of Planners  
The Amer. Assn. for Pub. Opinion Research

The Adult Education - The Nat. Foundation for Infantile Paralysis

The League of Women Voters

The Nat. Assn. of Soc. Workers

The Young Men's Christian Assn.

The Amer. Soc. of Civil Engineers  
The Nat. Assn. of Prof. & Business Women

The Amer. Cancer Soc.

The Amer. Nat. Red Cross  
The Amer. Kennel Club

Professional associations

Lay Associations

\* The selection and location of associations is somewhat arbitrary, and is not based upon systematic research. This chart is intended for expository purposes only.

1941-1942

1943-1944

1945-1946

1947-1948

1949-1950

1951-1952

1953-1954



More pragmatically, it suggests that if the Conference is to continue in the years ahead to perform its historic role in American society, or if it is self-consciously going to seek a new role for itself, it must either maintain something like its present position within the galaxy of American voluntary associations or change its character in a purposive manner. In making decisions of this character, the leadership might be guided by such possibilities as these:

- If it takes the direction of becoming a lay association, or more towards being a society of semi-professionals, it may compete for membership loyalty with such organizations as the National Association of Social Workers
- If it takes the direction of becoming a professional society it will exclude or alienate the lay persons and semi-professionals who now form such a large proportion of the membership
- If it takes the direction of formal organization it may place too much emphasis upon such concerns as preserving its organizational character and strengthening the profession of social work and too little emphasis upon striving toward its goals
- If it takes the direction of acquiring social movement-like characteristics it may become too amorphous to be effective and will thus deprive itself of the benefits of organization for which it was initially established.

This general statement of possibilities, and its implications, are spelled out in greater detail in the section which follows.

#### The Functions Served by the Conference

The basic orientation of this section is that of functional analysis. In simplest terms, this orientation postulates that the various patterns of behavior within a social structure are interdependent; more specifically, they survive because they perform functions both for the individuals who comprise the social structure and the social structure itself. Although no attempt will be made to summarize contemporary functional theory, it is important to note that the functions examined are not necessarily those recognized by the participants but are rather those identified by the social observer.\*

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\* The writer's orientation toward functional analysis is derived chiefly from the publications and lectures of Robert K. Merton. See, for example, his Social Theory and Social Structure (Glencoe, Ill.: Free Press, 1949). It is important to add, however, that no attempt is made in this section to undertake a full-scale functional analysis of the Conference. Rather, concepts from this mode of analysis have been used when they seemed appropriate, leaving untouched the rather large armory of concepts which together constitutes functional analysis.

What are the functions served by the Conference and its Annual Forum? In the paradigm which follows, the hypothesized functions served are listed according to whether the individual member or the profession of social work "benefits" from the function, and according to whether it is the formal organization-like characteristics or the social movement-like characteristics of the Conference (and the Annual Forum) which make each function possible.

Functions served for the individual member

A. When viewed as the annual meeting of a professional society

1. Increases status in his agency

When a member of a social agency attends the Annual Forum he does so not only as an individual, but as a representative (official or unofficial) of his own agency. He thus serves as an agent who relates the agency to the larger world of social welfare, a role which in itself serves to enhance his status among his colleagues in the agency and perhaps also among the agency's constituents and the public which it serves.

2. Contributes to professional development

Many of the program sessions at the Annual Forum are didactic in nature and serve to remind those attending of the basic principles of social work as well as to acquaint them with new techniques of case work, group work, and community organization.

3. Provides news of the profession

Since most social agencies are relatively small, most members work in comparative isolation from their profession. Through attending sessions at the Annual Forum, and particularly through participating in conversations, the individual probably learns in the space of a few days more news about people in the profession, and about recent developments within the profession, than he does during the entire course of the year.

4. Assists in locating new jobs

Although many new jobs are located through such formal channels as employment agencies and advertisements in professional journals, informal channels are undoubtedly of equal importance. Through attendance at the Annual Forum the individual is able to avail himself of other

channels of communication and through these to learn of the existence of new job opportunities in his own field of specialization, and interest.

B. When viewed as a gathering of participants in a social movement

5. Counter-balances the means-centered emphasis of his agency

The previously-mentioned tendency of organizations to displace their goals by an over-emphasis upon means is of course often perceived to their dismay by the individual members of social agencies. In fact, this tendency is a recurrent source of frustration, since there probably are as many goal-oriented as organization-oriented persons in the social welfare field. The Conference, however, places a great deal of emphasis upon the goals of the social welfare movement, and upon the humanitarian philosophy which guides the profession. Exposure to this kind of atmosphere at the Annual Forum, enables the individual to conceptualize his organization-oriented tasks in terms of the broader goals which they are intended to achieve.

6. Provides an opportunity to identify with national leaders

Because of its size and status the Conference is able to enlist as speakers at the Annual Forum not only leaders from within the social welfare field but also prestigious persons prominent in the worlds of politics, education, and science. Although most registrants undoubtedly do not have an opportunity to interact with these speakers, their very presence at the Annual Forum, and the fact that they address themselves to problems of common interest, enables members to feel that they are more than mere job-holders in a social agency. It reminds them, in effect, that they are also participants in one of the most significant social movements of our era.

7. Makes it possible to meet like-minded peers

The social welfare worker in a small city, or in a small agency -- particularly if he is strongly ideologically-oriented -- does not often have a chance to meet and converse with people who are employed in the social welfare field and emotionally committed to its goals. The Conference and its Annual Forum provide such an opportunity. The Annual Forum is, as one member put it, "a gathering of the tribe." In bars and in hotel rooms these tribal gatherings are both fun and serve to maintain among the membership a feeling of participation in a movement which goes beyond carrying out the tasks assigned to a particular agency.



8. Clarifies and broadens personal goals

The goals of social welfare are constantly restated and reconceptualized during the Annual Forum; since this is performed by individuals, the various personal goals of the individual speakers are also described. The registrant who hears a succession of such speakers, and who participates in the countless informal discussions which are also an important feature of the Annual Forum, has many opportunities to clarify his own goals, and thus to rededicate himself to the tasks of his agency.

Functions served for the profession of social work

A. When viewed as the annual meeting of a professional, formal organization

9. Enhances the status of social work as a profession

Although the professionalization of workers in the field of social welfare is of course not the only possible mode of making provisions for caring for people in need, it is nevertheless the mode which our society has adopted. Consequently, the tasks assigned to social workers will be performed more efficiently to the extent to which the activity acquires and maintains professional status. The Conference and its Annual Forum serve to enhance each of the attributes which our society recognizes as those of a profession:\*

- Its fund of knowledge is organized into a systematic body of theory
- Its clients recognize and benefit from the authority which members possess
- Its authority is recognized by the public which confers upon the profession a series of powers and privileges
- It possesses a continually modified and enforced regulative code of ethics
- It possesses a commonly-recognized professional culture

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\* This list of attributes is adapted from the extremely useful article by Ernest Greenwood, "Attributes of a Profession," Social Work (July, 1957). pp. 45-55.



This function is of particular importance in the case of the Conference, since it is an organization containing both professionals and semi-professionals. Since semi-professionals will be required in social work for many decades, and since their increased self-awareness as professionals will enhance the profession itself, those activities of the Conference which serve to socialize semi-professionals into the professional culture of social work are of much value for the profession. By the same token, those activities which make it possible for semi-professionals to communicate with professionals, and vice versa, make it possible for such socialization to take place.

10. Improves professional morale

In order for people to be motivated to play the roles required of them as professionals, they must perceive themselves as professionals, and be aware of a similar perception on the part of individual members of the public and society at large. The Conference, through its professionally-related activities at the Annual Forum, provides individual registrants with ample stimuli to make these perceptions possible, and thus improves professional morale.

11. Allocates trained individuals to appropriate assignments

Operationally defined, social work may be said to have become fully professionalized when the occupants of all the professional positions in the social welfare field are trained professionals. The opportunities for finding employment and employers which the Annual Forum provides thus serves the interests not only of the individuals and agencies concerned, but also those of the profession at large, since it contributes toward the emergence of professional status.

B. When viewed as a gathering of participants in a social movement

12. Develops a common set of values

One characteristic of a profession which sets it apart from occupations generally is that its members share a common set of values, in contradistinction to skills. Ernest Greenwood, for example, notes that "the profession thus becomes a whole social environment, nurturing characteristic social and political attitudes, patterns of consumption and recreation, and decorum and Weltanschauung."\* Although both professional education

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\* Greenwood, op. cit., p. 53n.

and professional employment serve to acculturate individuals into this social environment, the co-mingling of large numbers of people at such a meeting as the Annual Forum undoubtedly plays an important part in this process. And it is precisely those aspects of the Conference which have a social movement-like character (the participation of laymen, the emphasis upon broad goals, etc.) which contribute most toward imparting to social workers a common set of values.

13. Increases lay support

Unlike other professions, whose contact with the lay public is chiefly in the form of clients (doctors, lawyers), employers (engineers), audiences (musicians), or parishioners (ministers), social work requires assistance from laymen in the form of co-workers, board members, fund-raisers, and contributors. In fact, a paradox which lies at the heart of many of the problems faced by the Conference is that at a time when the profession of social work is becoming increasingly professionalized there is a revival of interest in the importance of the volunteer worker in the field of social welfare. Since one of the consequences of the increasing professionalization of social work is a devalued status accorded the volunteer worker, mechanisms are required for the purpose of maintaining the interest, and preserving the services of volunteer workers. The Conference, particularly in its affect-oriented characteristics, would seem to provide one such mechanism.

14. Mitigates over-specialization

Because of the diversity of its problem areas, the profession of social work requires that many of its members be specialists; this tendency is accentuated further by the specialization of function which characterizes many social agencies. If social work is to become truly professionalized, however, it must develop a systematic body of theory which is applicable to a wide variety of specific cases. Accordingly, it must develop generalists as well as specialists. Although schools of social work are probably the most important institutional mechanisms for the development of such persons, the Conference, through its emphasis upon the goals and ideals of the profession, plays an important role in ensuring that specialization does not degenerate into technicism.

The list of functions served by the Conference and the Annual Forum provided in this section (and summarized in Chart II) will eventually be expanded in several ways, according to the purposes which the analysis is designed to serve. Internally, it will be expanded to encompass additional functions: the ones listed are based upon an inadequate knowledge of the Conference and its activities, and are chiefly

illustrative in nature. Although an effort has been made to cite functions which are logically compatible with the nature of the Conference, the status of many of these functions as hypotheses requiring empirical demonstration should be remembered.

Externally, the list will also be expanded. First, it is possible to include two additional units for which the Conference serves functions: the associated groups and American society at large. The associated groups have not been considered because their relationship to the Conference is too complex to be treated in a brief memorandum; American society has not been considered in order to confine the present discussion to an internal inquiry into the role of the Conference.

Second, the dichotomy composed of "professional, formal organization" on the one hand and on the other "social movement" will be expanded. These terms are used to indicate polar types of collectivities, and as such they necessarily over-simplify the complex structure of the Conference. It will undoubtedly be worthwhile to include the distinction between the Conference as an organization composed of individual members and one to which autonomous organizations belong. When this is done, the functions served by the Conference can be compared on the one hand to those served by the National Association of Social Workers (individual members only) and on the other hand to those served by the National Social Welfare Assembly (primarily organizational representatives).

Third, a complete analysis will require a listing not only of the functions served by the Conference but also of the dysfunctions. The distinction between these two terms has been defined by Merton as follows:

Functions are those observed consequences which make for the adaptation or adjustment of a given system; and dysfunctions, those observed consequences which lessen the adaptation or adjustment of the system. There is also the empirical possibility of non-functional consequences, which are simply irrelevant to the system under consideration. \*

The relevance of this distinction for present purposes stems of course from the fact that not all features of the Conference are functional for all concerned. Consider for example the open membership policy of the Conference, which makes it possible for all persons interested in the field of social welfare, and sympathetic to its aims, to belong. This feature is presumably functional and for the lay and semi-professional members of the Conference, since it provides them with an opportunity to participate on an equal basis with professional social workers. But it may be dysfunctional for the profession of social work itself, since it diminishes the status of professionally-trained social workers. It is situations such as these, according

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\*Merton, op. cit. pp. 50-51.

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## CHART II

### Some Functions Served by the National Conference on Social Welfare

	<u>Functions for the individual</u>	<u>Functions for the profession</u>
	1. Increases status in his agency	9. Enhances the status of social work as a profession
<u>When viewed as the annual meeting of a professional, formal organization</u>	2. Contributes to professional development	10. Improves professional morale
	3. Provides news of the profession	11. Allocates trained individuals to appropriate assignments
	4. Assists in locating new jobs	
	5. Counter-balances the means-centered emphasis of his agency	12. Develops a common set of values
<u>When viewed as a gathering of participants in a social movement</u>	6. Provides an opportunity to identify with national leaders	13. Increases lay support
	7. Makes it possible to meet like-minded peers	14. Mitigates over-specialization
	8. Clarifies and broadens personal goals	





to Merton, which give rise to "the difficult and important problem of evolving canons for assessing the net balance of the aggregate of consequences."\* Since the Conference is by its very nature ambiguous in many respects (as indicated, for example, by its position midway between the coordinates shown in Chart I) the problem of assessing a net balance of the aggregate of consequences is one which the Study Commission, either explicitly or implicitly, will be required to face.

Although the functions described in this section are admittedly not exhaustive, enough has perhaps been said to suggest the purposes which can be served by an analysis of this kind. In the next section of this memorandum a possible method of relating these functions to a concrete analysis of the Conference is described.

#### The Utilization of a Diagnostic Framework

One of the major tasks of the Study Commission is to formulate recommendations concerning what features of the Conference should be added, modified, or eliminated to ensure maximum effectiveness. Many of these recommendations will undoubtedly emerge from the working papers prepared by the staff, from the advice provided by consultants, and from the deliberations of the Study Commission itself. The diagnostic framework proposed in this memorandum is intended to supplement, not displace, these traditional methods of arriving at recommendations.

The distinguishing characteristic of a diagnostic framework, however, is that it provides a systematic basis for ensuring that significant features are not overlooked. Instead of eliminating the need for discussion and consultation, it merely suggests a starting point. The implications of this general directive for the task facing the Study Commission are best indicated by specific illustration.

Consider the functions described in the previous section and summarized in Chart II. These functions are of course not carried out automatically, but rather result from the provision in the structure and activities of the Conference and its Annual Forum of specific features, here termed mechanisms. The identification of these mechanisms thus becomes an important part of a systematic analysis of the Conference itself.

An important corollary to the assertion that functions are served through mechanisms is that any one of a number of different mechanisms may serve the same function. Accordingly, assertions about the mechanisms required for the performance of a given function are at best suggestive of the type of mechanism which is required. The recommendation that a given mechanism should be retained or adopted must thus be based not only upon the function which it is alleged to perform but also upon other considerations than those deriving from a purely logical analysis of an organization: administrative feasibility, acceptance on the

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\*Merton, op. cit. p. 51



part of the membership, budgetary limitations, etc.

With this as introduction, the functions listed in Chart II are in the pages which follow matched up with suggested mechanisms which (might) make them possible.

<u>Function</u>	<u>Possible mechanisms</u>
1. Increases status in his agency	-- Registrants at the Annual Forum provided with specific training materials which they can use upon their return to their agency -- Maximum publicity given to the Annual Forum; local publicity given to individual delegates -- The program of the Annual Forum structured in such a way that a maximum number of registrants appear as speakers, panelists, or discussants -- Establishment of the special status of Delegate to the Annual Forum
2. Contributes to professional development	-- Emphasis placed during the Annual Forum upon training and technique -- Sponsorship by schools of social work of some of the sessions at the Annual Forum
3. Provides news of the profession	-- Opportunities for informal conversation and sociability during the Annual Forum -- Inclusion of news and notes section in the <u>Conference Bulletin</u>
4. Assists in locating new jobs	-- Employment bureau facilities provided at the Annual Forum
5. Counter-balances the means-centered emphasis of his agency	-- Emphasis placed during the Annual Forum upon the goals of social welfare

6. Provides an opportunity to identify with national leaders
    - Inclusion in the program of the Annual Forum of workshops or diagnostic clinics concerned with the organizational problems of social agencies
    - Prestigeful persons invited to address the Annual Forum
    - Arrangements for discussion group sessions at the Annual Forum with national leaders present
  7. Makes it possible to meet like-minded peers
    - Opportunities for informal conversations at the Annual Forum
    - Publication of a mimeographed "Who's Who" during the Annual Forum
  8. Clarifies and broadens personal goals
    - Inclusion during the Annual Forum and in the Bulletin of biographical and autobiographical accounts of leaders in the field of social welfare
    - Establishment at the Annual Forum of small discussion group sessions at which personal problems are discussed
  9. Enhances the status of social work as a profession
    - Meeting of the National Association of Social Workers held jointly with the Annual Forum
    - Participation of Associated Groups in the Annual Forum
  10. Improves professional morale
    - Emphasis during the Annual Forum upon the professional problems of social workers
    - Participation by members in standing committees of the Conference
    - Categories of membership based upon professional status

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| 11. | Allocates trained individuals to appropriate assignments | -- | Employment bureau facilities provided at the Annual Forum  |
| 12. | Develops a common set of values                          | -- | Sessions at the Annual Forum devoted to the problems which are unique to the profession of social work   |
| 13. | Increases lay support                                    | -- | Participation of lay persons as members and speakers at the Annual Forum   |
|     |  | -- | Sessions at the Annual Forum devoted to reports on the role played by volunteers in social agencies  |
|     |  | -- | Emphasis placed during the Annual Forum upon the partnership of professionals and volunteers which makes contemporary social welfare possible                                  |
| 14. | Mitigates over-specialization                            | -- | Minimization of simultaneous sessions at the Annual Forum, so that members will be encouraged to attend sessions other than those devoted to their own field of specialization |
|     |  | -- | Minimization of content-oriented sessions at the Annual Forum  |

The point cannot be made too strongly that the mechanisms listed above are submitted only as illustrations of the types of mechanisms which an analysis of this type would reveal. It is certainly true that many of them are administratively unfeasible and that many others are perhaps self-evident. It is suggested, however, that the near-irrelevancy of many of these mechanisms stems from the fact that the necessary preliminary task of defining the functions served by the Conference and the Annual Forum has only been initiated. With a more fully-developed inventory of functions at hand, it will undoubtedly be possible to identify many more mechanisms.

Developing such an inventory is thus one of the first tasks which this inquiry might accomplish. Through holding discussion among members, through securing expert testimony from members, consultants, and participants in other

organizations, and through systematic research among members and non-members, it should be possible not only to map out in some detail the functions served by the Conference, but also -- and of even greater importance -- to suggest other functions which it might serve in the future. Such a listing, matched by specific mechanisms which make each function possible, should then provide one basis for use in formulating recommendations concerning changes which should be made in the structure and activities of the Conference if it is to perform a useful role in the field of social welfare.

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"Fallacies, Paradoxes and Dilemmas - NCSW 1959"  
by Joe R. Hoffer

Presented at the Annual Meeting of the NCSW Members, San Francisco,  
May 27, 1959

This paper reports to the conference members that five preliminary papers had been developed for the Study Commission on the Future Role of the NCSW. After summarizing some of the material from the above Sill's report, four fallacies which seemed current at the time, about the NCSW are discussed. Then, paradoxes confronting the conference, as seen by the Executive Secretary, are outlined, and three resulting dilemmas presented.

A. Purpose

The major purpose of this report is to summarize briefly the data prepared by the staff and consultants for the Study Commission on the Future Role of the NCSW.

These data include:

1. A Proposed Diagnostic Framework for the Study of NCSW - David Sills, Acting Director, Bureau of Social Research, Columbia University
2. Scope and Character of NCSW
3. What Should be the Program Content of the Annual Forum?
4. Annual vs. Biennial Forums
5. How Important is the ICSW to NCSW?

I propose to summarize the contents of the Proposed Diagnostic Framework and identify four fallacies, paradoxes and dilemmas about the NCSW which are pointed up in the staff working papers.

B. A Proposed Diagnostic Framework for the Study of NCSW

David Sills defines a "diagnostic framework" as an organized list of categories or criteria against which a specific organizational characteristic or proposed characteristic can be judged -- or to restate simply -- to provide a guide for the evaluation of NCSW. David Sills points out that sociologists have not directed their attention to organizations which are loosely structured



as the Conference but there are a few studies of voluntary organizations, health and educational agencies, trade unions, etc. which have some characteristics similar to those of the Conference.

The story is told of three baseball umpires who were discussing the intricacies of their trade. The conversation turned to the problem of how to tell the difference between a ball and a strike.

"I calls 'em as they are," was the first umpire's contribution to the theory of umpiring. "I calls 'em as I see 'em," retorted the second. The Third umpire spat between his teeth, gave his colleagues a disgusted look, and stated: "They ain't nuthin" until I calls 'em!"

Translated into the terms of our problem, the first umpire would clearly make a descriptive statement about the Conference; he would, for example, note simply that it is an organization which sponsors an annual forum attended by workers in the social welfare field. The second umpire, however, would make an interpretative or evaluative statement; he would note, for example, that the Conference is "one of the primary instruments for keeping social welfare problems abreast of the changing American scene. Its leadership has been in the area of ideas. It has posed the central issues of the day confronting social welfare programs and provided a national forum for their examination and debate." The third umpire is more difficult to understand, since he is obviously a sociologist. How would he define the Conference?

Looking first at its membership, he would say that the Conference is primarily an organization for career people but one of a special kind. It is neither a primary professional society in the field of social welfare -- the National Association of Social Workers performs that function -- nor is it composed entirely of career or paid workers. About 90% of the Annual Forum attenders and Conference members are employed in social welfare. Of this number, more than 50% are members of the NASW. Of the non-career attenders and members approximately 500 are board members and/or professionals in allied fields. The Conference is therefore located somewhere on the continuum between a society of professional workers and an association of individuals and organizations in social welfare organizations or settings. In this respect it reflects the current status of the social welfare field.

Turning next to the structure of the Conference, the sociologist would note that it is technically a formal organization. In legal terms it is a voluntary association of individual and organizational members who have joined the Conference to promote and share in discussion of the problems and methods identified with the field of social welfare and immediately related fields. But he would note also that since the social welfare movement is one of the major social movements of our time, the Conference can be regarded as the institutionalized expression of a social movement.

It is possible therefore to locate the Conference on a chart and thus provide a basis for comparing it with other voluntary associations. For example,



the Conference would be located midway between "social movement-like associations" and "formal organization-like associations" and midway between "professional associations" and "lay associations." This suggests that the Conference can be viewed both as a lay association and a "professional" society, both as a formal organization and as a social movement. Sills suggests that "if the Conference is to continue in the years ahead to perform its historic role in social welfare, or if it is self-consciously going to seek a new role for itself, it must either maintain something like its present position within the galaxy of American voluntary associations or change its character in a purposive manner."

Sills selects a few functions served by the Conference and the Annual Forum for illustrative purposes. For the individual: increases status in his agency, contributes to professional development, provides news of the profession and field, assists in locating new jobs, counter-balances the means-centered emphasis of this agency by placing a great deal of emphasis upon the goals of the social welfare movement and upon the humanitarian philosophy which guides the profession, provides an opportunity to identify with national leaders, makes it possible to meet like-minded peers and clarifies and broadens personal goals.

For the profession it enhances the status of social work as a profession, improves professional morale and allocates trained individuals to appropriate assignments.

For the social movement it helps to develop a common set of values in contra-distinction to skills, increases lay support and mitigates over-specialization.

One of the major tasks of the Study Commission is to formulate recommendations concerning what features of the Conference should be added, modified or eliminated to insure maximum effectiveness. The Diagnostic Framework provides a supplement to the traditional methods of arriving at recommendations.

#### C. Fallacies About the NCSW

Any organization 86 years old has many traditions and memories. A national organization that is as loosely structured as the Conference has more than most. There is room for the Conference to mean many things to many people. From the worker in a one-person rural agency office to the national agency staff member who must attend many conferences each year, from the mature person whose roots are in an earlier period of social welfare history to the young person who has come lately to the profession as either a career or a stop-gap; the sophisticated practitioner, the service volunteer, the busy administrator -- these and many others look to the Conference with a great variety of expectations.

While the facts and figures are difficult to obtain for forum activities, there are a few which tend to point up some fallacies about the Conference. I have selected four which appear to be current at the present time.

1. The Annual Forum is the only activity of the NCSW

The major program activity of the Conference, of course, is the conduct of the Annual Forum. A little over 50% of the 1958 expenditures was devoted to Annual Forum administration and about the same percentage of staff time was spent on this aspect of the program.

In addition to the Annual Forum, the Conference publishes the Social Welfare Forum, the official Proceedings, and three additional volumes of selected Forum papers and a quarterly Conference Bulletin. It acts as the secretariat for the Association of State Conferences of Social Welfare for which it conducts regional institutes; shares staff, office and facilities with the International Conference of Social Work, a world-wide forum organization which it helped create in the 1920's and cooperates actively with other organizations in the field of international social welfare.

2. The paid staff does most of the work

The small paid full-time staff of eleven (3 professional, 4 administrative assistants and 4 secretarial and clerical) could not, even if it tried, begin to provide the wide and varied services enumerated above. About 200-300 persons who serve as individuals participate annually in the on-going business of the Conference through their membership on approximately 30 elected and appointed committees. Committee chairmen carry responsibilities which are normally professional staff assignments but are appropriately volunteer contributions within a membership organization like the Conference. An additional 300-400 volunteers recruited by the local sponsoring committee in the host city assist the staff at each Annual Forum.

The staff does have a privileged position at the crossroads of social welfare. It is not the function of staff to decide what is good or bad. Staff participation in the program process, for example, is restricted to providing general administrative services, analyses of past and present programs for overlapping and duplication, continuity, omissions, audience response, emphasis, etc. and exploration into new materials and procedures.

3. The NCSW can exist on income from registration fees

The estimated cost of the 1958 Annual Forum was approximately \$98,500. The cost for each delegate was approximately \$15. In 1958, income from registrations totaled approximately \$32,000, or only 27% of the total income. Additional income of \$21,000, from Annual Forum programs, Daily Bulletins, and exhibits brought the grand total for Annual Forum income to slightly over \$53,000, or a differential of over \$45,000.

This differential must, of course, be made up primarily from membership income. It should be obvious, therefore, that continuous memberships are essential if the Annual Forums are to be continued and rotated to all sections of the country.

4. Every Annual Forum is a national Forum

In a period of 3 - 4 years the Annual Forum is truly a national forum in all respects -- attendance, program and participation. Experience shows that in a three-year period, if the Annual Forum rotates to different sections of the country, the attenders come from all 48 states and approximately 2000 communities. However, a great majority of the registrations at any one Forum are state and regional. Since 1950 attenders from the host state have comprised from 21 to 55% of the registrations; from 42 to 73% have come from a radius of 300 miles. It can be said that although the attendance may be predominately state and regional, the leadership, i. e. program planning and program participants, is national. This fact has serious implications for any consideration for a biennial forum.

Time prevents me from identifying other apparent fallacies concerning the NCSW. In addition to these fallacies, the staff working papers point up some strong cross currents of opinions as to what the Conference should be and do, especially in regard to the Annual Forum.

In an editorial in the Summer 1957 Bulletin, I tried to define some of the paradoxes and dilemmas which are constantly with us. A paradox is an assertion seemingly contradictory but that yet may be true in fact. I used it to characterize the contradictory demands of Conference members. A dilemma can be any difficult choice in which any decision appears to offer both advantages and disadvantages.

The special paradoxes confronting the Conference, as I see it, include:

1. The Annual Forum -- For Whom?

We have accepted as a basic principle that anyone interested in social welfare is welcome at the Annual Forum. Yet, some say that the treatment of subject matter should at all times be geared to the professional interests of trained social workers.

2. The Annual Forum -- Can it be Newsworthy?

There are those who urge, "Let's get more public recognition for social welfare by using the Annual Forum to secure more coverage in the press, on the radio and TV." At the same time others say, "Let's have only speakers who are competent to speak authoritatively on social welfare matters" and "Why give 'the opposition' a platform?"

3. The Annual Forum - More or Less?

On the one hand we hear appeals for more small meetings, more intensive treatment of subject matter and increased opportunity for audience participation. Equally vocal are those who want fewer meetings to reduce the

choices which must be made by the attenders and the competition for audiences, elimination of early morning and evening meetings and a shorter Annual Forum period.

4. The Annual Forum -- Who Performs and How?

We hear from some that there should be few manuscripts presented at the Annual Forum and more of the newer types of meetings, e. g. panels, buzz sessions, brainstorming, use of audio-visual aids, etc. And from others we hear that the Conference should print more manuscripts and make them available within a few days after the close of the Annual Forum.

If these paradoxes prove anything, it is that workers and laymen in social welfare come from a variety of backgrounds, have various motivations and diversified tastes. It is not my intention to explain the contradictions here, even if I could.

There are three major dilemmas confronting the Conference. The first is specialization, generic or a "happy marriage" of the two -- what should be the future focus or major emphasis of the Annual Forum program?

The second is to change or not to change -- what changes should be made in the organization and structure of the Annual Forum and the conduct of meetings, in the light of apparent general satisfaction of the attenders, as expressed in evaluation studies conducted by the Conference in recent years?

The third is size -- should we or should we not attempt to determine the optimum registration for future Annual Forums and make our plans and arrange our financing within that framework?

I should add that these are my own personal thoughts on the fallacies, paradoxes and resulting dilemmas facing the Conference. It is hoped that this statement of them will sharpen the issues and assist the Executive Committee, and ultimately, the members in answering the basic question which underlies them all -- How can the Conference most effectively fulfill its function of providing a dynamic educational forum for the social welfare field which meets the needs not of the last generation but of the present?



"Excerpts from Report of the Study of the Future Role, Program and Structure of the National Conference on Social Welfare"

Prepared by Greenleigh Associates Inc., 550 Fifth Avenue, New York, N. Y.  
November, 1959

This 73-page report was the result of the study made by the Greenleigh Associates, for the Study Commission. The Introduction describes the methodology of the study. The Summary of Recommendations were those developed by the study staff independently, as a result of their study.

Appendix C, Study of Conferencing in Social Welfare is significant not only in relation to the NCSW but also in regard to national organizations that conduct national and other conferences.

I. INTRODUCTION

This is a report of an independent study of the National Conference on Social Welfare undertaken in January 1959 at the request of the Study Commission on the Future Role of the NCSW. The purpose of the study was:

- a. To analyze the present structure and program of the National Conference in light of trends in social welfare and in the larger society of the past decade;
- b. To compile information on conferencing activity in the social welfare field and make it available to the Study Commission and the national organizations affiliated with the National Conference on Social Welfare;
- c. To conduct two workshops on conference arrangements in social welfare to be attended by the executive officers of selected national welfare organizations, the purpose of which would be to provide an opportunity for exchange of information and suggestions about ways of improving the present pattern of conference activity in social welfare; and
- d. To develop a set of proposals for modifications of the National Conference on Social Welfare which the Study Commission could consider in making its recommendations to the individual and organizational members of the National Conference.

A number of methods were used in effectuating the purposes of this study. (See Appendix A for methodology.) The literature pertaining to the NCSW and social welfare in general was reviewed, persons close to the National Conference

as well as persons responsible for other national conferences were interviewed and consulted, two questionnaires were developed, used, and the results analyzed, two national workshops were planned and carried out, and periodic consultation was had with both the Steering Committee of the Study Commission and the staff of the NCSW.

However, early in the study it became necessary to modify and expand some of the original plans. For example, as a result of one of the workshops, it became apparent that more information about individual attenders and their reactions to the National Conference was required, and that a more comprehensive study of conferencing by national organizations was needed. As a result a sample of those attending the San Francisco Annual Forum was interviewed in depth and a questionnaire on conferencing was devised and sent to selected national organizations. The results of these two related studies as well as other information gathered are included in the study, where appropriate, or in appendices.

Moreover, from the beginning it became apparent that some of those factors which brought about the study complicated the task of making an objective analysis of the NCSW. For example, the name "National Conference on Social Welfare" created a problem of definition. The term "social welfare" is amorphous because it embraces a number of concerns to society. Those persons, who deal with these concerns, come from a number of fields of interest, belong to a number of diverse organizations and have various professional affiliations. Not only are social workers involved in the problems of "social welfare," but also a number of other professionals, such as economists, psychologists, sociologists, physicians, nurses, public health officers, as well as untrained career persons and volunteers in social welfare and health agencies are likewise involved. One objective of the study, therefore, was how to obtain increased involvement of this diverse group in the National Conference.

As the study progressed, it became increasingly evident that the National Conference has an important role as an educational forum, that it commands the respect of a large number of persons, and that historically it has made a valuable contribution to social welfare. It also became evident that the function it performs should be continued as a separate entity. This opinion was concurred in by the executives of national agencies at one of the workshops. And yet, despite these strengths, this report may appear to be unduly critical, since recommendations for modifications are necessarily based on weaknesses rather than strengths. Therefore, the weaknesses must be given considerable space. Strengths play a less important role because they do not call for modification. This should be kept in mind in reading this report.

Throughout this study the staff had the wholehearted cooperation of the Steering Committee, the staff of the NCSW, executives of national organizations, and individuals closely related to the National Conference. Without such cooperation this study would not have been possible. We wish, therefore, to express our sincere appreciation.

One of the purposes of this study, as stated above, was to develop workable proposals for modification of the National Conference. These proposals and recommendations can be found throughout the study, together with the supporting rationale. They are, however, summarized for convenience in the following section. It is believed that these recommendations would give new vitality to the National Conference, assure to it a more unique and unifying role in social welfare, strengthen the educational role of the Annual Forum, and more effectively advance the interests of the social welfare field.

## II. SUMMARY OF RECOMMENDATIONS

The following is a brief summary of the recommendations of Greenleigh Associates, which incorporates some suggestions made by various groups and individuals. Suggestions made by various persons but not recommended by Greenleigh Associates are omitted from this summary, but are contained in the body of this report. The recommendations in the main relate to the purpose, program and structure of the National Conference. Because the primary responsibility of the NCSW is a forum function, the bulk of recommendations are related to the forum program plan. Other recommendations tend to flow from the program recommendations, but in some cases are independent. They are presented topically rather than in the order which they appear in the text.

### Purpose

1. The National Conference should adopt a restatement of purpose. The suggested restatement, although similar to past purposes, is designed to give the NCSW a more unique function in the field of social welfare. The suggested purposes are as follows:
  - a. To provide an educational forum for the dissemination of new knowledge, and the identification and critical examination of broad basic trends, issues and problems which will affect the social structure, and thus the field of social welfare;
  - b. To provide an opportunity for individuals and agencies in social welfare regardless of specialized interest, discipline or professional preparation, to discuss, explore and analyze the implications of these basic problems and issues, trends and new knowledge in relation to their own policies, functions, activities, techniques and methods of practice;
  - c. To give a unifying sense of purpose, clarify goals, and provide a mechanism for furthering the integration of the various knowledges on which social welfare is predicated, provide for exploration of topics of current interest, and provide a setting for informal discussion, meeting of associates, exploration of job opportunities, and other informal purposes;



- d. To enable the Conference to call the nation's attention to outstanding social problems and to successes and failures in dealing with them; and
- e. To foster the development of a close relationship between American social welfare and social welfare in other countries, particularly through the International Conference of Social Work.

Forum Program Plan

- 2. The program plan of the Annual Forum should be modified to provide a partially focused conference in order more fully to carry out the recommended purposes. This program plan would have three parts:
  - a. Approximately one-half of the time devoted to basic issues, problems, or trends important to social welfare, preferably not more than one or two. This first portion of the program plan would provide for a general session devoted to a full presentation of the topic in its broadest aspects. Following the general session, smaller sessions would explore the implication of the topic for various areas of specialization in social welfare. These would be followed by even smaller discussion or other smaller groups composed of persons at similar levels of operation in a given area of specialization. The participants in the discussion or small groups would discuss, examine, and analyze the topic as it relates to their own operations or concerns.
  - b. Approximately one-half of the time devoted to meetings of special interest to the various segments of membership. This portion of the program would be planned by subcommittees representing the areas of specialization and would be planned around expressed needs or interests of the members.
  - c. A smaller portion of time devoted to very current issues or topics of interest to social welfare, and a "state of the union" report on significant developments during the year in social welfare.
- 3. The President-elect <sup>1/</sup> in consultation with the Board of Directors should be given responsibility for selecting the basic problems, issues or trends around which a portion of the Annual Forum program would be focused, and for determining what areas of practice should be represented for purposes of program planning. The recommendation gives the authority to those persons which is implicit in their responsibility.
- 4. A general session at the close of the Annual Forum should be devoted to a synthesis of the sessions on implications and discussion groups. It is held that this will provide the total membership with an understanding of how social welfare relates to the topic in its specific service aspects.
- 5. Program planning should be started at least eighteen months before the Annual Forum. This is suggested because the program plan would require a greater length of time to be fully and carefully developed.

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1/ A later recommendation suggests that there be a President-elect and a Board of Directors. (See Section XVI.)

### Program Committee

6. The Program Committee should be composed of the President-elect, the President, the Past-President, three to six members-at-large, eight or more representatives of the fields of social welfare, any ad hoc areas of interest, and seven or more persons representing areas of social work practice. Such representation will cut across the field of social welfare to the greatest extent.
7. The President-elect in consultation with the Board of Directors should select the members-at-large and the representatives of the fields of social welfare. The membership should elect the members representing areas of practice. If the President-elect is responsible for a part of the program, he must be able to choose the persons to carry it out. On the other hand, that part of the program planned to meet the specific interests of the members should be planned by representatives of the membership.
8. The total Program Committee should be responsible for planning general sessions, scheduling meetings planned by the subcommittees, approving final program plans, and determining the mechanics for providing a synopsis of the Annual Forum. This will make possible a program which is well coordinated and assure to each part an adequate amount of time.
9. Those persons on the Program Committee representing fields of social welfare should be designated subcommittee chairmen responsible for planning the sessions on implications and discussion groups or other small group sessions relating to their fields. Subcommittee members should be chosen by the subcommittee chairmen and should include, among others, persons nominated by the National Conference on Social Welfare, the National Social Welfare Assembly, the American Public Welfare Association, the Council on Social Work Education, the National Association of Social Workers, and, where appropriate, the National Health Council. Subcommittee chairmen should be assured that the persons with whom they are to work are congenial. However, national organizations should be given an opportunity to share in the planning.
10. Program Committee members representing areas of practice should have similarly constituted subcommittees which would plan the special interest sessions.

### Frequency and Timing

11. Consideration should be given to scheduling the Annual Forum on consecutive days, preferably Sunday evening through Wednesday, or Sunday evening, Monday, Tuesday, and Thursday. A consecutive three-day session would allow a logical development of the chosen topic. However, two consecutive days would serve the same objective almost to an equal degree.

12. The National Conference should be continued on an annual basis. A biennial forum would not be feasible from a financial point of view, would not make it possible for persons from all parts of the country to attend as frequently as necessary, and would not be often enough for thorough consideration of basic problems, issues or trends.
13. The Annual Forum should continue to be rotated geographically but according to needs of the field rather than a set plan. Geographic rotation assures to all people an opportunity to attend the Annual Forum periodically. However, it must be kept in mind that certain circumstances may make a particular area a poor choice for a given year or time.

#### Implications for National Organizations

14. The Board of Directors should be augmented by representatives of national organizations at its meeting in which the topic or topics for program focus will be selected. This will allow national organizations to have a voice in the selection of the topic.
15. Efforts for coordinating conferences on social welfare should be made by persuading the National Association of Social Workers to meet prior to the Annual Forum and national functional organizations to hold national, regional, or special conferences following the Annual Forum. This would allow national organizations to use the Annual Forum program to advantage in building their own conference programs and would serve to reduce the time and cost of conferencing.
16. The national organizations should employ more fully their channels of communication to create interest in the Annual Forum, participation of staff and volunteers, and distribution of the synopsis. Without exception, those national organization executives consulted feel the Annual Forum should be continued. Therefore, they should be willing to use their own organizations to support the Forum.

#### Structure

17. The President-nominee should become a President-elect in order to give him the official standing necessary to begin program planning in advance of becoming President.
18. The present Executive Committee should become a Board of Directors in order to make this body more consistent with the structure of other organizations.
19. The officers and three members of the Board of Directors should form an Executive Committee. This would make it possible for certain business of the NCSW to be taken care of between meetings of the Board.

20. The Constitution should be amended to reflect these changes in structure.

Constituency

21. The present individual and agency membership base should be retained because this is one of the unique features of the National Conference and is responsible for much of its vitality.
22. The program sessions should be planned to attract more volunteers, career persons in social welfare, and professionals from other areas related to social welfare in order that the total field of social welfare may be represented. The National Conference is the only organization which has as its goal the involvement of all these persons regardless of field of interest.
23. Increased efforts should be made to involve persons from other disciplines in the Annual Forum, as the topic warrants. This will bring to the Annual Forum persons who may be interested in a topic but would not find the sessions appropriate in other years.

Publications

24. The National Conference should continue to publish Proceedings in order that there may be a chronological and cumulative record of developments in social welfare and a synopsis of the Annual Forum should be prepared as soon as possible after the close of the Annual Forum to be given wide circulation by state conferences, national organizations, and other interested groups. This would make the influence of the Annual Forum far greater than the actual attendance would make possible and keep the field informed.

NCSW Services Other than the Annual Forum

25. The present services of the National Conference organizational and book exhibits, and the employment service, should be continued. An increased effort should be made to publicize the consultative services available at the Annual Forum.
26. Consideration should be given to implementing the 1956 report on services to state conferences of social work because of the large number of persons involved in the state conferences and their potential contribution to the National Conference.
27. Consideration should be given to moving the headquarters of the National Conference to New York City in order that the coordination of conferencing in the field of social welfare can be furthered and the relationship with national organizations strengthened.
28. More efforts should be made to provide opportunities for informal gatherings for attenders. Informal contacts are an important function of any conference, but because the attenders are from various areas of practice, efforts must be made to help persons from different backgrounds meet.



Finance

29. Consultation should be held with national organizations meeting with the Annual Forum on the matter of fees to be charged for the entire National Conference, including pre- and post-Annual Forum meetings. The matter of fees is extremely important to the financial stability of the National Conference.

Staffing

30. Consideration should be given to adding a staff member to the present National Conference staff for purpose of program development and coordination. Other services of the NCSW require considerable staff time and it will be necessary for the program plan suggested to have more staff service.

Service to U. S. Committee of ICSW

31. The existing relationships between the National Conference, the International Conference, and the U. S. Committee of the ICSW should be continued for the present, and consideration should be given to implementing the 1958 Report of the Committee on Relationship Between the NCSW and the ICSW as soon as possible.

Implementation

32. The Study Commission should determine a time schedule and set up such mechanisms as may be necessary for carrying out those recommendations which are adopted.

## APPENDIX C - STUDY OF CONFERENCING IN SOCIAL WELFARE

At a Workshop of national agency executives in March 1959 at Asbury Park, it became apparent that more data on conferencing by national organizations was required. As a result of a recommendation of Workshop participants, a survey of national agency conferencing was undertaken as a part of this study. The survey was designed to determine the purpose, frequency, attendance and costs of national agency conferences and the relation of such agencies to the National Conference and other national forum activities. The following is a report of the results of that survey.

### METHODOLOGY

A questionnaire in two parts was developed. The first part was designed to determine the conferencing patterns of national organizations and the second part to determine how, if at all, the national agencies were associated with the NCSW. One of the problems was to determine which national organizations should receive the questionnaire. It was suggested that the list in the Social Work Year Book, be used. However, this list includes some research groups and learned societies related to the social sciences, associations of workers employed by one national agency, foundations, professional associations, and many other categories. It was decided that this list was too heterogeneous and also too lengthy to use.

Another suggestion was to use the member agencies of the National Social Welfare Assembly but this list does not include all of the national organizations which are associated with the NCSW. It was decided to use the list of national organizations which have a relationship to the NCSW either as an Associate Group or agency member, plus two other organizations which participated in the March Workshop.

Ninety-four sets of questionnaires were sent out and fifty-six or 60% were returned. By and large those agencies which returned the questionnaire were the larger of the national agencies. An additional 11 national agencies wrote or returned the questionnaire without filling it out either because they had no national conference of their own or because they had no relationship with the NCSW. Therefore, the number responding in some fashion was 67 or 71% of the sample selected.

### FINDINGS

Although all of the national agencies included in the survey, except two, are related to the NCSW as Associate Groups or members, not all are of equal size and importance as national social welfare organizations. For example, some are parts of a larger organization with other than social welfare aims. Some are purely social welfare agencies and are not related to a larger group. Furthermore, the national conferences of these agencies vary greatly in terms of size and constituency. Because of this, the formulation of the questionnaire

and the analysis of the results present difficulty. The questions were divided into sections: (a) national conferences, (b) regional conferences, and (c) other conferences including delegate assemblies and national and regional professional conferences. Although some national conferences reported are in effect small professional meetings, the analysis included whatever conference the national organization considered to be its national conference. To have done otherwise would have been to make unjustifiable judgmental decisions. It is recognized, however, that all national conferences reported are not comparable. This is particularly true for the three national agencies which reported an attendance at their national conference of less than fifty persons.

### NATIONAL CONFERENCES

Purpose. Since the primary purpose of the NCSW is to provide a forum for the critical examination of broad social problems and issues, it is important to determine what purposes other national conferences serve. There is no question that such conferences serve many institutional needs, are important in getting the business of the organization accomplished, and in giving the constituents a "sense of belonging." These are important goals for all national organizations. It is important, however, to determine how much, if any, duplication exists between the purposes of the Annual Forum of the NCSW and the conferences of other national organizations. In response to the question: "What are the purposes of your national conference? (Check as many as are appropriate)," the following answers were given:

<u>Purpose</u>	<u>Total Agencies Reporting (47)</u>	<u>Percent of Total</u>
1. Exchange of ideas and information	46	98.0
2. Conduct of the business of the organization (i. e., election of officers, voting on policy, practices, etc.)	41	87.0
3. Gives a unifying sense of purpose	39	83.0
4. To inform the general public of the program	28	60.0
5. Training: Professional (paid staff, non-clerical)	21	45.0
Volunteers (non-paid, lay)	17	36.0

Thus, it can be seen that the exchange of ideas and information is the most important function national conferences serve. Training of



volunteers and professionals is of relatively minor importance. This is true despite the fact that a sample of attenders interviewed at the Annual Forum in San Francisco reported that they looked to their national organization for specific information on techniques and skills. It can be inferred that such techniques and skills are imparted at workshops or other training courses rather than at national conferences.

Such special training courses are a common pattern in several national organizations. However, some national organizations have no training function.

Subjects to which major portion of conference time is devoted. Another approach to determining what, if any, duplication exists between the Annual Forum and the conferences of national organizations is to learn what types of subjects are given a major portion of time at national conferences of agencies. The response to the question: "To which is the following was a substantial portion of time of your last national conference devoted? (Check as many as are appropriate)," the results were:

Subject	Total Reporting	Percent of Total
1. Exchange of ideas	41	87.0
2. Presentation and/or discussion of specific problems faced by organization	38	81.0
3. Presentation and/or discussion of social issues with an immediate implication to the organizational program or methods	36	77.0
4. Presentation or discussion of techniques of operation:		
For professionals (paid, non-clerical)	35	74.0
For volunteers (non-paid, lay)	18	38.0
5. Presentation and/or discussion of matters relating to professional standards	27	57.0
6. Presentation and/or discussion of broad social issues	22	47.0

The above responses in 4. and 5. require some further analysis. The amount of time devoted to training of volunteers or professionals as well as the discussion of standards of practice would be determined in part by the attendance at national conferences. Attendance at conferences of national organizations tends to be predominantly either professional or volunteer in nature. The majority consists largely of professionals. However, three of those organizations which reported no time given to matters of professional standards were predominantly conferences of volunteers.

Who attends conferences of national organizations. As has been said, conferences of national organizations tend to be either largely professional or volunteer in regard to attendance with only a few being equally divided between the two groups. The pattern by size of conference in terms of professional attendance can be seen in the following table: (40 agencies provided information.)

Size of Conference	Per cent of professional attendance			
	0 - 24%	25 - 49%	50 - 74%	75 - 100%
Less than 50	0	0	0	3
50 - 99	1	0	0	1
100 - 249	0	0	2	3
250 - 499	1	2	2	4
500 - 999	2	1	0	7
1000 - 2499	1	1	0	7
2500 - 4999	1	0	0	0
5000 and over	1	0	0	0
Total	7	4	4	25

As can be seen national conferences are composed primarily of professional personnel. The differences are due primarily to the nature of the organization. Recreational-educational organizations like the Girl Scouts, Camp Fire Girls, and the YWCA are predominantly volunteer in constituency, whereas the constituency of agencies in the casework field such as FSAA, CWLA and NTA, as well as the APWA, is predominantly professional in nature. If the nature of the organization is known, the attendance in terms of lay or professional can be predicted.

Number and Frequency of National Conferences. Of the 56 agencies which returned the questionnaire, 9 hold no national conference. Of the

47 which have national conferences, 33 or 70% hold them on an annual basis, 10 or 21% hold them biennially and 4 or 9% triennially. Thus, the most common pattern is for national organizations to hold a national conference and to hold it every year. The time of year such meetings occur is as follows:

<u>Month</u>	<u>Annual</u>	<u>Biennial</u>	<u>Triennial</u>	<u>Total</u>
January	1	0	0	1
February	1	2	0	3
March	2	0	1	3
April	1	2	0	3
May	11	3	1	15
June	5	0	0	5
July	0	0	0	0
August	0	0	0	0
September	2	0	0	2
October	3	0	0	3
November	2	2	2	6
December	2	1	0	3
Sub- Total	30	10	4	44
No date given or not regularly scheduled	3	0	0	3
TOTAL	33	10	4	47

It is significant in terms of future planning that of the 44 agencies giving the date of their national conference, 15 or slightly more than one-third meet in the same month as the NCSW and an additional 4 meet early in June. However, not all of these meet at the same place as the NCSW.

Size of National Agency Conferences. Attendance at national agency conferences vary from a low of 14 to a high of 8,440. A breakdown in the size of national conferences is as follows:

<u>Size</u>	<u>Annual</u>	<u>Biennial</u>	<u>Triennial</u>	<u>Total</u>	<u>% of Total</u>
Less than 50	3	0	0	3	6.4
50-99	2	0	0	2	4.3
100-249	5	1	0	6	12.8
250-499	7	3	0	10	21.3
500-999	8	2	0	10	21.3
1000-2499	4	3	2	9	19.0
2500-4999	3	0	1	4	8.5
5000 and over	<u>0</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>4.3</u>
No attendance given	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>2.1</u>
Total	33	10	4	47	100.0

Only two of the national agency conferences of organizations responding to the survey rival in size the attendance of the Annual Forum. However, two others in the 2500-4999 category in the above table were as large or larger than the 1959 Annual Forum in San Francisco.

Number of days national conferences are in session. National agency conferences are in session from two to six and a half days and average about 3-3/4 days per conference. Those national organizations which hold an annual conference usually schedule for approximately 3-3/4 days, biennial conferences average 3 days, and triennial conferences 5 days. The number of the latter, however, is too small to make the average significant.

## REGIONAL CONFERENCES

Number and frequency of national agencies having regional conferences. Thirty-three or 59% of the fifty-six organizations which completed the questionnaire in part or in full hold regional conferences. In every case those reporting regional conferences were among the 47 national organizations which reported a national agency conference. Of the 33 which hold some kind of regional conference, 20 or 61% hold such regional conferences annually, five or 15% are on a biennial basis, three or 9% are triennial, one agency has a regional conference approximately every sixteen months, and four others or 12% are not regularly scheduled in time.

The number of regional conferences per national organization varies widely. The range in number of conferences held varies from one to thirty-five with an average of slightly more than eight regional conferences per agency.

Purposes of regional conferences. Like national conferences, the primary purpose of regional conferences is the exchange of ideas and information. However, there are some important differences in purpose. In response to the question - "What is the purpose of such regional meetings? (Check as many as are appropriate)," the answers were:

<u>Purpose</u>	<u>No. of Agencies Reporting</u>	<u>Percent of Total</u>
1. Exchange of ideas and information	32	97.0
2. Gives a unifying sense of purpose	23	70.0
3. Training: Volunteer (non-paid, lay)	17	51.5
Professional (paid, non-clerical)	14	42.5
4. To inform the general public of the program	14	42.5
5. Conduct the business of the organization (i. e., election of officers, voting on policy, practices, etc.)	11	33.0

The most significant difference in regard to the purposes of regional conferences is the ranking of the conduct of the organization's business. Another significant difference is the ranking of the training of volunteers. The latter is of least importance in national conferences but of third importance in regional conferences. This difference can be explained in part by the kinds of persons in attendance at the two types of conferences.

Who attends regional conferences. The proportion of volunteers attending regional conferences tends to be greater than the proportion at national conferences according to those who answered this part of the questionnaire. Whereas at national conferences approximately 75% of those agencies giving information had national conferences predominantly professional in nature, regional conferences are divided almost evenly between being predominantly professional or volunteer. This phenomenon may be due to the fact that those agencies with a large volunteer membership are more apt to have regional meetings.

#### OTHER CONFERENCES

Delegate Conferences. In addition to their national conferences, as reported above, twelve of the 47 organizations reported that they also had delegate meetings. Five held such meetings annually, three biennially and the others every three to five years. Attendance at such meetings ranged from 9 to 300 with the average approximately 90.

National Professional Conferences. Ten organizations reported that they had a separate national professional conference. Five of the agencies held such conferences annually while the remainder were scheduled every two



to three years. Attendance at these conferences ranged from 60 to 260 with the average being approximately 120.

Regional Professional Conferences. Six agencies reported regional professional conferences which were distinct from regional conferences sponsored by the organization. Five agencies held such professional conferences annually and one biennially. Attendance at these conferences ranged from 15 to more than 5000.

### COSTS OF CONFERENCING

Costs to Agency. It is impossible to estimate the total cost of conferencing in social welfare. However, some information is available from the responses of the national organizations. National organizations were asked to estimate the total administrative costs of their last national conference. These costs included national staff travel and living, speakers, space, visual aids and other direct costs. They were also asked to estimate the indirect costs in terms of national staff salaries and time. Not all of the agencies were able to give the requested information. Neither is it certain that the estimation of indirect costs included all of the costs of planning for the agency's conference. Therefore, this information is not complete and may not be comparable. It is certain, however, that the estimates are low rather than high since the responses were incomplete. The costs to the agencies were as follows:

Costs	Number of agencies reporting	
	Direct Costs	Indirect Costs
Below \$500	2	2
\$500 - \$1499	6	8
\$1500 - \$4999	10	6
\$5000 - \$9999	7	5
\$10,000 - \$24,999	9	4
\$25,000 - \$49,999	6	1
\$50,000 - \$99,000	1	0
\$100,000 and over	2	0
TOTAL	43	26

There is as might be expected a high correlation between size of conference and costs.

Although other cost figures were requested, the number of agencies responding was too small to make the answers meaningful. Very few national organizations could estimate indirect costs of national and

regional conferences, costs to participants or costs in terms of professional time spent at conferences. It is estimated, however, by the Convention Bureau in New York that the average cost per day to participants at conferences is \$30. The figure is probably high for social welfare.

#### RELATIONSHIP OF NATIONAL ORGANIZATIONS TO THE NCSW

Since all national organizations, except two, included in the survey were related to the NCSW either as an Associate Group or a member, it follows that the majority would be involved in the Annual Forum in some way. Fifty-two agencies answered the part of the questionnaire relating to association with the NCSW. Three of the 52 reported that they did not participate in the NCSW in any way. Either there was an error in interpreting the question or the list of agencies affiliated was not correct. Only two of the organizations were not agency members or Associate Groups. However, as reported, participation was as follows:

Does your organization participate in the National Conference on Social Welfare?

Yes: 49                      No: 3

If yes, how

	<u>Number</u>
1. As an Associate Group	36
2. Organizational membership	12
3. Exhibitor	36
4. Use employment service	11
5. Other	3

Thirty of the fifty-two agencies reported that members of their national staff or board were involved in the program planning of the last Annual Forum. Moreover, thirty-six reported that members of their national staff or board were called upon to participate in the program. Of this number twenty reported that participation in the program was frequent.

Forty-one reported that they assigned members of their national staff or asked volunteers to attend the Annual Forum. Thirty-six reported that they encouraged lay attendance. However, when asked if the NCSW should involve the volunteers from their organization in the meetings of the Conference to a greater extent, approximately fifty per cent said yes and the remaining fifty per cent said no.

Thirty-one of those responding held meetings either prior to, concurrent with, or following the Annual Forum. The breakdown was as follows:

Prior to	8
Concurrent with	20
Following	3



RELATIONSHIP OF NATIONAL AGENCIES TO OTHER ORGANIZATIONS, NOT THE NCSW

Not only do the national organizations included in the survey relate to the NCSW, but also the majority have a continuing relationship with other organizations. Such relationships take two forms: (1) national, regional, or specialized meetings held in conjunction with other organizations, and (2) staff representation at conferences of other organizations.

Meetings held in conjunction with other organizations. Fifteen organizations reported that they regularly hold meetings in conjunction with other organizations. The list of the organizations with which these national agencies regularly meet is in excess of thirty and include among others, The American Camping Association, American Nurses' Association, National Probation and Parole Association, American Institute of Planners, American Correctional Congress, American Recreation Congress, National Rehabilitation Association, American Public Health Association, American Group Therapy Association and the National Council of Churches.

Meetings attended by national staff. Only three of the fifty-six organizations reported that their national staff members do not spend any time attending conferences of other organizations. Of the fifty-three organizations which reported, the number of conferences their staff regularly attend is an average of 7.75 meetings per year. One national agency reported that they were represented by national staff members at seventy-five national conferences. The national conferences most frequently attended by national staff members by number of agencies reporting is as follows:

<u>National Conference</u>	<u>Number of National Organizations Reporting</u>
National Social Welfare Assembly	19
United Community Fund and Councils	11
American Public Welfare Association	10
Council on Social Work Education	9
Family Service Association of America	8
Child Welfare League of America	8
National Health Council	7
National Council of Churches	7
American Public Health Association	6
American Medical Association	5
National Recreation Association	5
AFL-CIO Community Services Division	5
American Camping Association	5

Since not all of the national organizations reported named the other organizations at whose national conferences they were represented, the number of agencies represented at any of the above conferences probably is greater than indicated.

Other conferences which staff members of national organizations attend are: the Council of National Organizations, the National Congress of Parents and Teachers, the Adult Education Association, the American Psychological Association, the American Psychiatric Association, the National Education Association, the National Personnel and Guidance Association, the National Public Relations Association, the National Association of Training Directors and the American Management Association. This list is only partial.

Per cent of staff time spent in attending meetings of other organizations. Respondents were asked "Approximately what per cent of your staff time is spent preparing for, and/or attending meetings of national organizations other than your own or the National Conference on Social Welfare?"

Thirty-two of the fifty-six organizations made an estimate of the staff time so spent. One reported that no time was used for this purpose and one reported that 30% of staff time was spent for other conferences. One organization reported that the amount of time varied for individual staff members from 5% to 50% of total time. The average amount of national staff time spent in attending the conferences of other national organizations exclusive of the NCSW is 7.25% of total staff time. In addition to those which made an estimate of per cent of staff time, three reported that a considerable amount of time was so spent, one reported a negligible amount of time and seven said it was impossible to estimate. It can be inferred, however, on the basis of this small number that at least 5% of national staff time is spent attending or preparing for conferences, other than the NCSW or the national agency's own conferences.



Report on the Future Role of the National Conference on Social Welfare  
January, 1960

This report of the Study Commission, made up of the Conference Officers and Executive Committee members, was published in the Winter, 1960 issue (Vol. 63, No. 2) of the Conference Bulletin.

Letter of Transmittal to Executive Committee

January 7, 1960

Mr. Charles I. Schottland, President  
National Conference on Social Welfare  
Columbus 15, Ohio

Dear Mr. Schottland:

The Study Commission transmits herewith to the Executive Committee its "Report on the Future Role of the National Conference on Social Welfare," as approved at its meeting on December 11, 1959. It recommends initially the implementation of the sections of the report dealing with the program and format of the Annual Forum. The attached timetable for implementation is submitted for consideration by the Executive Committee.

Attached hereto is "The Report of the Future Role, Program and Structure of the National Conference on Social Welfare" prepared by Greenleigh Associates, which has served as a resource document in the formulation of the Study Commission's report.

In accordance with the agreement entered into between the National Conference and Greenleigh Associates, their report is transmitted in the form it was finally submitted to the Study Commission, without deletions or amendments. The full Greenleigh report has been promised to the national agencies participating in the Asbury Park workshop and the Study Commission recommends that it be distributed also to other national organizations sponsoring conferences in the social welfare field, and to individuals on request.

Happily, the Study Commission's recommendations as finally adopted, parallel closely the major recommendations developed by Arthur Greenleigh Associates. It, therefore, seems unnecessary to distribute to the entire membership both the Greenleigh report and the final report of the Study Commission.

The Study Commission considers that its assignment has been completed and recommends that it be discharged.

Sincerely yours,

David French

Chairman of the Study Commission  
on the Future Role of the NCSW

### STUDY COMMISSION MEMBERS

- \*David G. Franch, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts, Chairman
- \*Charles I. Schottland, Dean, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts, President of NCSW
- Mrs. Richard J. Bernhard, New York, First Vice-President, NCSW
- Fedele Fauri, Dean, School of Social Work, University of Michigan, Ann Arbor, Michigan, Second Vice-President, NCSW
- Sanford Solender, Director, Jewish Community Center Division, National Jewish Welfare Board, New York, Third Vice-President, NCSW
- James Brindle, Director, Social Security Department, United Automobile Workers, Detroit, Secretary, NCSW
- \*Arch Mandel, Executive Secretary, Massachusetts Community Organization Service, Boston, Treasurer, NCSW
- \*Robert H. MacRae, Executive Director, Welfare Council of Metropolitan Chicago, Past President of NCSW
- \*Mrs. Victor Shaw, Fairmont, West Virginia, President Nominee of NCSW
- Mrs. George Abbott, White House Conference on Children and Youth, Washington, D. C.
- Clark W. Blackburn, General Director, Family Service Association of America, New York
- Daniel Blain, M. D., Director, State Department of Mental Hygiene, Sacramento, California
- \*Robert E. Bondy, Director, National Social Welfare Assembly, New York
- \*Eveline M. Burns, Professor, New York School of Social Work, Columbia University, New York
- Harry M. Carey, Executive Director, United Community Services of Metropolitan Boston
- Bill Child, Commissioner, Idaho Department of Public Assistance, Boise, Idaho
- Wilbur J. Cohen, Professor, School of Social Work, University of Michigan, Ann Arbor, Michigan
- Eugene H. Freedheim, Shaker Heights, Ohio
- Sidney Hollander, Baltimore
- Sister Mary Immaculate, Professor of Social Group Work, Worden School of Social Work, Our Lady of the Lake College, San Antonio, Texas
- Hugh R. Jones, Utica, New York
- Clara Kaiser, Acting Dean, New York School of Social Work, Columbia University, New York
- William Kirk, Executive Director, International Social Service, American Branch, New York
- Gisela Konopka, Professor, School of Social Work, University of Minnesota, Minneapolis, Minnesota
- Robert T. Lansdale, Professor, School of Social Welfare, Florida State University, Tallahassee
- Esther Lazarus, Director, Department of Public Welfare, Baltimore

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\*Steering Committee Members



Seaton W. Manning, Executive Director, Urban League of San Francisco  
Mrs. Justine Wise Polier, New York  
Jay L. Roney, Director of the American Public Welfare Association, Public  
Welfare Project on Aging, Chicago  
Savilla M. Simons, General Director, National Travelers Aid Association,  
New York  
Karl Stern, M. D., St. Mary's Hospital, Montreal

## BACKGROUND

### A. Introduction

The National Conference on Social Welfare has been, since its establishment in 1874 as the National Conference of Charities and Corrections, one of the primary instruments for keeping social welfare programs abreast of the changing American scene. Its leadership has been in the area of ideas. It has posed the central issues confronting social welfare and provided a national forum for their examination and debate. It has operated on the philosophy that if the forum function is to be performed properly, it requires democratic control, broad individual and organizational participation, and independence of operation. The eighty-six volumes of Annual Proceedings which have been issued since 1874 are a comprehensive record of social welfare thought in America.

At no time in its history has the purpose of the National Conference been more vital than it is today. At no time in its history has the National Conference had greater potential for fulfilling its function of providing a forum for the social welfare field. But the Conference itself, as an organization, is subject to the impact of the very changes which are the focus of its concern.

In recent years there has been increasing awareness of the need for a basic reexamination of the functions of the National Conference and its organizational structure and program, with special reference to the diversification and expansion of conference activities in the social welfare field. To name some of the problems currently before the Conference:

The continually enlarging scope of social welfare activities has compounded the problem of carrying forward a truly inclusive social welfare forum.

The trend toward increasing specialization within the social welfare field has brought problems of maintaining an integrated approach to welfare problems while encouraging the refinements of theory and practice which specialization makes possible.

The ability of the Conference to serve national social welfare organizations has been subject to strains as new agencies and coordinating arrangements have been developed at the national level.

### B. Establishment of the Study Commission

Periodically throughout its history the National Conference has taken stock of its program and structure and made changes to meet the requirements of the

day. The last such review was conducted in 1948.

A number of factors led to the present study of the future role of NCSW. In 1956 and early 1957, there were a series of discussions in the Executive Committee and at the annual meetings of members about the multiplicity of conferences. The responsibility attached to the role of the President of NCSW was questioned. Several Associate Groups complained that they did not have enough time for their meetings at the Annual Forum. The constitution provides that there be a review of the section structure of the Conference at least as often as every five years. As a result of these considerations, the Executive Committee at its May meetings in 1957 authorized a study of the future program and structure of the Conference.

The Executive Committee designated the Conference officers and Executive Committee members to serve as the Study Commission to carry forward the study since they are the duly elected representatives of the Conference membership. Members of the Commission and of its Steering Committee are listed earlier in this report.

The charge given to the Study Commission was as follows:

To review the current program and organizational structure of the Conference with particular reference to questions being raised by individual and Associate Group members.

To explore possible modifications in program and structure with a view to adapting the Conference to changes in the social welfare field which have occurred over the past decade and to changes which may be anticipated over the next decade; and

To prepare specific recommendations for consideration and action by the Conference membership.

After an exploratory discussion of the charge given it, the Study Commission identified a fourth task which may be phrased as follows:

To take the initiative in compiling information on conference activities and arrangements in the social welfare field and to stimulate joint consideration of ways enhancing the effectiveness and efficacy of conferencing in social welfare.

#### C. Conduct of the Study

Between November, 1957 and November, 1958, the Study Commission, under the leadership of its Steering Committee, developed plans for carrying out its charge and sought foundation assistance in meeting the expenses involved. One of the first steps of the Steering Committee was to commission Dr. David Sills of the Bureau of Applied Social Research at Columbia University to prepare a proposed diag-



nostic framework for a study of the National Conference on Social Welfare. On the basis of this document and the deliberations of the Study Commission a plan of study was proposed to extend over a three-year period and to involve active participation by other national organizations. After several futile attempts to obtain financial support for this kind of study, a modified plan was developed to be carried out over a twelve-month period and on a much reduced budget.

The Board of Directors of the Lilly Endowment, Inc. of Indianapolis made a grant of \$15,000. to the National Conference on Social Welfare in December, 1958 to add to the \$3,000. appropriated by the Executive Committee out of the National Conference's own funds to carry forward the plan for the study adopted by the Study Commission.

Employment of Arthur Greenleigh Associates. In January, 1959 the Study Commission employed Arthur Greenleigh Associates of New York City to serve as consultants to the Study Commission and to carry out the following activities:

1. To analyze the present structure and program of the National Conference in light of trends in social welfare and in the larger society of the past decade;
2. To compile information on conferencing activity in the social welfare field and to make it available to the Study Commission and the national organizations affiliated with the National Conference on Social Welfare;
3. To conduct two workshops on conference arrangements in social welfare to be attended by the executive officers of selected national welfare organizations, the purpose of which would be to provide an opportunity for exchange of information and suggestions about ways of improving the present pattern of conference activity in social welfare;
4. To develop a set of proposals for modifications of the National Conference on Social Welfare which the Study Commission could consider in making its recommendations to the individual and organizational members of the National Conference.

The terms of the contract with Arthur Greenleigh Associates provided that their report would be made available to the field of social welfare without amendment. This policy was adopted to assure the independence of the consultants in conducting the study and reporting their findings and recommendations. This report will be distributed by the NCSW to the national organizations which attended Asbury Park workshops and the other Associate Groups of the National Conference.

Preparation of Study Commission Report. The Greenleigh report served as a resource document. The final recommendations of the Study Commission were those formulated by the Steering Committee and acted on by the full Study Commission at its meeting in Columbus, Ohio on December 11, 1959. The

present document is the report of the Study Commission as adopted at that meeting.

D. Purpose of the National Conference on Social Welfare

The general purpose of the National Conference is summarized in the preamble to the Constitution:

"The National Conference on Social Welfare is a voluntary association of individual and organization members who have joined the Conference to promote and share in discussion of the problems and methods identified with the field of social welfare. The Conference is a forum for such discussion." 1/

In recommending a reaffirmation of this general purpose of the Conference and its obligation to provide imaginative and creative leadership, the Study Commission proposes the following more detailed statement of purposes:

1. To provide an educational forum for the dissemination of new knowledge and for the identification and critical examination of basic problems, issues and trends important to social welfare.
2. To foster a unifying sense of purpose in the social welfare field and the integration of knowledge and practice in social welfare.
3. To provide a national forum which can serve to focus the attention of the nation on major problems and policy issues in social welfare.
4. To provide a means for persons concerned with the various areas of professional practice or types of social welfare programs to come together to exchange experiences, to learn of new developments, and to discuss and analyze problems of concern to their special areas of interest.
5. To provide a convenient time and place for social workers and lay leaders to come together for informal communication and for easy consultation with specialists and organizational representatives, and to facilitate bringing employment opportunities and personnel together.
6. To provide for advancement of effective working association between social welfare and related fields and for consideration of common concerns.

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1/ The present wording of the Constitution uses the term "social work and immediately related fields," where the term "social welfare" appears in this quotation. The Study Commission recommends substituting the term "social welfare" in the Preamble, in line with the action of the membership in 1956 changing the name of the Conference from the National Conference of Social Work to the National Conference on Social Welfare.

7. To provide a channel for a continuing exchange of information about conference activity at the state, regional, national and international levels in the social welfare field; to encourage maximum use of the Annual Forum by social welfare organizations and conferences; and to cooperate and consult with other organizations in promoting the most effective development and use of conference activity in social welfare.
8. To foster the development of a close relationship between American social work and social work in other countries, particularly through the International Conference of Social Work.

The Study Commission recommends the inclusion of the last two purposes presented above, which have not appeared in previous formulations of purpose, because of major changes which have occurred in recent years. The increasing impact of world events on individuals and nations calls for regular exchange and communication between countries with respect to social welfare issues. The NCSW has played a key role in relating American social welfare to the International Conference of Social Work. Continuation of this role of the National Conference is recommended.

The development of specialized national agencies in social welfare over the past few decades has created a very different situation from that which prevailed early in this century. Specialized national organizations have developed significant forum activities as one of the major tools through which they stimulate and foster the development of programs and methods in their respective fields. In looking forward to the future role of the National Conference the Study Commission recommends that the Conference through the structure of its program and the mechanisms through which the annual programs are planned, as well as through services outside the national forum, seek to develop the most effective use of conference activity in social welfare.

The above eight-point statement of purposes reflects the Study Commission's assessment of the needs of the social welfare field and the special contribution which the National Conference on Social Welfare is able to make to these needs. The rapidity of change in our society and in the methods through which social need can be met calls for improved efficiency in speeding up communication within the social welfare field and between social welfare and related fields. The Study Commission's proposals for the future role of the National Conference are based on the conviction that there is and will continue to be a need for the NCSW as a national forum body committed to the purposes outlined above.

#### RECOMMENDATIONS

##### E. Type of Annual Forum

The Study Commission recommends that the forum activities of the Conference be organized for both career and volunteer workers in social welfare to

reflect three program objectives:

1. To foster an integrated approach to needs and services in social welfare;
2. To foster development of specialized knowledge and skill in the various methods of social work practice;
3. To stimulate continuing improvement of policy and program in the various social welfare services represented in the national functional agencies and their local affiliates.

In addition to the General Sessions, three program areas are proposed to achieve these program objectives:

- A. Meetings to examine a limited number of basic issues, problems, or trends and to consider their implications for the major areas of social welfare (to be referred to as Division meetings).
- B. Meetings to examine issues, problems, and trends relating to the major methods of social work and to areas of interest to special groups in social welfare (to be referred to as Section meetings).
- C. Meetings planned by the national agencies affiliated with the Conference and focused on their special areas of service (to be referred to as Associate Group meetings).

These program areas will be referred to as Areas A, B, and C. The committees responsible for planning or coordinating programs in Areas A and B will be referred to as Subcommittees A and B of the Program Committee. The Committee responsible for Area C will be referred to as the Steering Committee of the Associate Groups.

#### Program Area A - Basic Issues, Problems, or Trends

Program Area A is that part of the Annual Forum through which basic trends, problems and issues confronting the social welfare field would be identified and explored in depth for their implications for policies, programs and practice. The type of exploration proposed would require focusing attention in any particular year on a limited number of basic issues, problems, or trends.

Following this there would be Division meetings where the implications of the basic problem or problems selected would be examined for each of the major areas of social welfare. It is proposed that four periods be devoted to these sessions, some of which would consist of a formal presentation of papers, with at least one period set aside for a large number of relatively small group discussion meetings.



Program Area A is not to be regarded as a rigid framework which might constrict or limit the program planning. It is hoped and believed that the problem or problems selected for emphasis in any given year will serve as a resource and stimulation to those responsible for the Division meetings.

#### Program Area B - Methods of Practice and Special Interests

Methods of Practice. One function of Program Area B is to provide a structure through which persons concerned with particular methods of social work practice can, on an annual basis, review new developments, exchange information and experience, get reports on research findings, and hear presentations of relevant knowledge and methods from related professions or scientific disciplines. A six-fold classification of social work methods is recommended:

Casework	Administration
Group Work	Research
Community Organization	Social Action

Within these Sections there would be opportunity for subsections. Thus, within the casework Section there could be subsections on casework in psychiatric, medical, school, court, and other settings.

Special Interests. A second function of Program Area B is to provide a structure for arranging meetings on social welfare topics which are not being dealt with through the Divisions or Sections. Requests for special meetings would be referred to Sub-committee B, which is empowered, where advisable, to create ad hoc committees to develop programs on topics in which interest is expressed.

#### Program Area C - Associate Group Meetings

Program Area C is that part of the Annual Forum through which the national agencies would be able to arrange for consideration of matters of concern to their particular programs and areas of social welfare. The time allocated to Associate Groups would be at the disposal of the individual national agencies for such use as they deemed to be most effective for their program objectives. Joint planning of some sessions by national agencies with common interests could be arranged through the Steering Committee of the Associate Groups.

#### General Sessions

In addition to the three program areas described above, the study Commission recommends continuation of the general session programs which have been such a significant feature of the National Conference in the past. The Presidential Address is recommended for the opening session of the Conference. Presentation of basic problems, issues or trends around which Program Area A is developed is recommended for concurrent sessions on Monday morning. A general session on Tuesday evening is recommended which would be devoted to a report

on the state of social welfare, which could provide a review and assessment of developments of the past year and a forward look at the problems and issues to be confronted during the year ahead. The concluding general session would present a major issue of urgent interest to the field. Continuation of the annual business meeting of members is recommended, to be scheduled for the last period on Tuesday afternoon.

#### General Observations

The above outline of forum activities gives formal expression to trends in the Conference and in the field of social welfare which have emerged in recent years. The past two Annual Forums have devoted one day to consideration of a major social problem, and Program Area A represents a development and extension of this idea. The significant growth of professional standards and education in social work, as reflected in the creation within the past decade of the National Association of Social Workers and the Council on Social Work Education, is recognized in the structure for Program Area B. The adjustments in scheduling Associate Group meetings which have evolved in the past few years to accommodate the needs of national agencies have been incorporated and extended in the Study Commission's recommendations.

The program structure proposed is intended as a framework and not as a detailed blue print. The Study Commission assumes that implementation of the new structure will be carried out flexibly and with due regard for the response which it elicits from the membership and from the field.

Section and Division programs should, where suitable, reflect the subject areas which cut across the field, such as international social welfare, citizen participation, public relations and interpretation, and rural social welfare.

#### F. Machinery for Program Planning

The recommended committee structure and procedures for carrying out program planning for the Annual Forum reflect the following objectives:

1. To provide a structure for program planning that will enable the Conference more adequately to fulfill its unifying and integrating functions and its role of examining basic issues, problems and trends and to draw on the most widely informed and representative group possible (the elected officers and Board members) in selecting the issues;
2. To provide a structure for program planning which will permit the Conference to continue to serve as a forum instrument for groups with specialized professional interests in social work;
3. To provide formal representation for the national agencies on the committee responsible for Program Area A;

4. To provide a means through which the Associate Groups of the Conference can coordinate their forum activities at the time of the National Conference meetings.

#### Committee Structure

Subcommittee A of the Program Committee would be appointed by the President-elect in consultation with the National Board. Emphasis would be on securing members with particular knowledge of the topics chosen in any given year.

Each of the following national organizations with broad interests cutting across the field of social welfare would be invited to nominate a liaison person, either lay or professional, to be appointed by the President-elect to Subcommittee A:

American Public Welfare Association  
Council on Social Work Education  
National Association of Social Workers  
National Social Welfare Assembly

In addition, national organizations with particular responsibility or competence in the fields selected for treatment in program Area A would be invited to nominate a liaison person to serve on the same basis.

Each Division chairman would appoint his own subcommittee taking into account the desirability of geographic proximity of subcommittee members in order to permit face-to-face planning. Suggestions of persons would be sought from national organizations operating in the area of social welfare under consideration.

The Divisions would have full responsibility for planning and organizing the implication sessions related to the basic problems, issues or trends, in line with overall plans developed by Subcommittee A as a whole.

Subcommittee B of the Program Committee would be made up of the six section chairmen elected by the membership and three members-at-large (lay or professional) appointed by the President-elect with the approval of the Board for overlapping three-year terms. The Chairman of Subcommittee B would be appointed by the President-elect.

In selecting the members-at-large it is recommended that consideration be given to naming persons who would provide liaison between the Conference Sections and the organizations concerned with methods of practice.

Each Section chairman would appoint his own subcommittee, taking into account the need for geographic proximity of subcommittee members. After general discussion by Subcommittee B the actual setting up of the Section meetings would be carried out by the appropriate subcommittees.



The Steering Committee of the Associate Groups would be made up of eleven persons elected, as at present, by the Associate Groups affiliated with the Conference. Members would be elected for overlapping terms and should be representative of the major areas of social welfare. In addition to providing a channel for planning Combined Associate Group meetings on Wednesday and Friday, this Committee would represent the interests of the Associate Groups in relation to all aspects of the Annual Forum.

#### Program Planning Procedure

Selection of the major problems, issues or trends for consideration at an Annual Forum would be made by the President-elect and Board members of the Conference with the participation of representatives of the four national agencies which have liaison members on Subcommittee A. This selection would occur at the November Board meeting approximately eighteen months before the scheduled date of the Forum.

The Commission recognizes that there may be important developments in the field after the choice of the major problem or problems, which will need consideration at the Annual Forum. For this reason a General Session devoted to a current issue, problem or trend is proposed. The topic for this General Session would be chosen in October prior to the Annual Forum.

#### G. Time and Place of Annual Forum

##### Periodicity

The Study Commission has concluded that the forum of the National Conference should be continued on an annual basis. The reasons for this are:

1. The number of important problems and issues in the social welfare field which need to be considered.
2. The fact that only a small proportion of persons attend each year's Annual Forum. Most people are reached only once in every four years. If the meeting were put on a biennial basis these people would have an even longer break between their opportunities to attend.
3. The by-product features of the Annual Forum, which are described above, are of great importance to the field and need to be available each year.
4. The problem of financing the Conference on the basis of biennial meetings would be a serious one. Using 1958 as a basis, the Conference staff has estimated that a savings of \$48,000. could have been realized if there had been no Annual Forum that year, but there would have been a loss of \$92,000. in income, resulting in a deficit of \$44,000. The

development of other income-producing activities in off years would require a substantial change in program and perhaps function of the Conference.

#### Geographic Rotation

The Study Commission recommends that the Annual Forum should continue to move to various parts of the country but that no formal or rigid pattern should be established. This rotation is important when one recalls that generally speaking fifty to seventy percent of the attenders come from within a 300-mile radius of the Conference city.

#### H. Conferencing Activity in Social Welfare

##### Other Conferences at Time of Annual Forum

One of the purposes of the study in which the Conference has been engaged has been to learn more about conference activities in the social welfare field by considering the relationship of the conferences of other national organizations to the Annual Forum, and exploring possibilities for coordination.

The Study Commission believes that it would be desirable for some of the national agencies to hold their national conferences - whether annual, biennial or triennial - either just before or just after the Annual Forum. It is convinced that the kind of program envisaged for the future would offer a core of material, which would be of value to the constituents of certain organizations, who could then have meetings on their own specialized subject matter immediately after the close of the Annual Forum. The Study Commission recognizes that the kind of adjustment and accommodation that would be required cannot take place overnight, but urges that, once the Conference has made its decisions and made them known to the field, the national agencies give serious consideration to this possibility.

##### Clearing House Function

At the present time a number of calendars, mainly of dates of national meetings, are issued. The most important of these is the one prepared by the National Social Welfare Assembly covering meetings in the social welfare field. At the present time this calendar reports only conference dates that have already been selected. There is a need for the Conference or some other organization to serve as a clearing house which organizations can consult prior to setting the dates for their national and regional meetings.

##### Need for Continuing Attention

The two workshops of national agency representatives served an extremely useful purpose in focusing attention on problems of conferencing in the social welfare field. Unfortunately, it was not possible in the time available to achieve

joint planning of conferencing and, where appropriate, coordination of such activities with the Annual Forum. This process requires time. It also requires lodging of responsibility for taking the appropriate steps in bringing about common consideration of conferencing problems.

There is a growing restiveness among boards of directors, appropriating bodies and agency managements throughout the country about the greatly increased costs of conferencing. The concern relates to demands on staff time as well as the dollar expenditures. Those in leadership roles in American social welfare cannot be indifferent to the serious problem and the increasing concern about it. Therefore, in accordance with the revised affirmation of the NCSW's purpose at the beginning of this report, the Study Commission recommends that the Board of the Conference take the appropriate steps to carry forward the promising beginning made as a part of this study. A first move in this direction should be an exploration with the national agencies of the establishment of a continuing committee on international, national, regional and state conferencing in social welfare on which would be represented the five national agencies with generic interests in the field.

#### I. Non-Forum Activities of the Conference

##### NCSW and State Conferences of Social Welfare

The National Conference has a long history of close association with the state conferences of social work, which exist in all the states except Hawaii and Alaska. These state conferences were originally forum bodies, generally modeled on the NCSW. Some have remained so, while a substantial number of them have over the years taken on additional functions in the areas of planning, coordination, social action, and consultation to local communities on fund-raising and other community organization problems. In certain states, such as Massachusetts and New York, these latter functions are carried on by a separate organization.

There is no organic relationship between the NCSW and the state conferences, but the National Conference provides a limited amount of secretariat service for an informal organization called the Association of State Conferences. In this connection, it arranges occasional regional meetings of state conference officers and/or staff members, assists the Association in the conduct of meetings at the time of the Annual Forum, publishes an annual directory of state conferences with information about the time and place of their annual meetings, and circulates material of interest among the state conferences.

While it was not possible for Greenleigh Associates or the Commission to study this activity of the Conference or the needs of the state conferences in any detail, it should be borne in mind that the state groups represent a valuable resource in terms of securing forum consideration of social welfare problems and issues across the country. According to the best estimates, approximately 40,000 persons each year attend the annual meetings of the state conferences and many more (including a relatively high proportion of laymen in many states) take part in the extensive district meetings and institutes organized by some state conferences.

The question of strengthening the state conferences, many of which operate entirely on a volunteer basis, through the provision of national field service has long been of concern to the Executive Committee of the National Conference. In implementing the decisions of the Study Commission the Board is urged to continue to give attention to this matter. It is hoped that the Board will consider further the "Proposal for a National Service in the Field of State-wide Community Organization for Health and Welfare," which was prepared in April 1956 by the Conference, the National Social Welfare Assembly, and the United Community Funds and Councils of America, all of which have a direct interest in certain activities of the state-wide bodies.

It seems obvious that the Conference could be of much greater assistance to the state conferences if its resources permitted. Furthermore, a network of strong state conferences could be of inestimable help in extending the effect of NCSW forum activities and material and at the same time, a vital source of program ideas and material for the Annual Forum.

NCSW and International Social Welfare

The close ties between the National Conference on Social Welfare and the International Conference of Social Work result from three major factors: (1) the important role which the NCSW played in the creation of ICSW; (2) the interest it has historically taken in the ICSW; and (3) the fact that the two groups share the same staff.

In 1958 the NCSW set up a special committee to study the relations between the two Conferences. Its report to the NCSW Executive Committee contains the following words:

"In order to carry out the forum function in this country in our present stage of historical development, the National Conference must be interested in the international aspects of social welfare and think in terms of providing forum programs that bring to its members information about comparative social welfare and about international developments in the field."

The committee agreed that the International Conference serves as the means of providing the kind of information and international point of view which is desired in the NCSW.

Two recommendations of the committee have direct implications for the present study:

1. It expressed the hope that the Study Commission in considering the subject matter of the Annual Forum would pay particular attention to ways and means of ensuring that adequate emphasis is given to the international aspects of social welfare in NCSW program planning.



2. It recommended the continuance of the present arrangements relating to the common use of personnel now in effect, at the same time urging that efforts be made to ensure more adequate provision of staffing (and ultimately separate offices) for the two organizations.

The first point is one that needs to be borne in mind by the Program Committee in implementing the new format of the Annual Forum program. The second is of importance in considering the staff service that is desired for the National Conference Program Committee. The Executive Secretary of the Conference, by agreement with the ICSW, spends 20-25 per cent of his time on ICSW business, and the Assistant Executive Secretary in the New York office divides her time evenly between the two organizations.

Another related development has recently occurred. As of October 1, 1959 the National Conference, in response to a request from the U. S. Committee of the International Conference agreed to serve as secretariat for the Committee. It is hoped that U. S. Committee operations (both program activities and money raising) can be integrated into regular NCSW operations to a great extent, but there is no doubt that a certain amount of extra time, which cannot be adequately predicted, will be required from the Executive Secretary and the Assistant in New York in carrying out these new responsibilities.

#### Publications

It is assumed that the Conference will continue to publish an annual volume of Proceedings in order to provide the chronological and cumulative record of important developments in the field of social welfare, which historically has been such an important part of our social work literature. It is also proposed that the low-cost volumes of selected papers in casework, group work and community organization, sales of which have been increasing the last few years, be continued for the present. The arrangement by which the first of these is published and distributed by the Family Service Association of America and the second by the National Association of Social Workers appears to be a satisfactory one.

It would be desirable for the Conference to continue to publish, in addition to the above volume, the synopsis of the Annual Forum which is given wide circulation among state conferences of social welfare, national organizations and other interested groups. The National Board may in the future wish to review the publications program of the Conference in the light of the new plan for the Annual Forum.

#### J. Implications for Governing and Financing

##### Constituency

The Study Commission recommends that the Conference continue to have individual and organizational (local, state and national) members. It is hoped that persons from related fields will be attracted to certain Annual Forums, depending on the subject matter being considered. The Commission believes that there is a large

reservoir of potential members among the career persons in social work positions, many of whom are not eligible for membership in the National Association of Social Workers. For this latter group particularly, the Conference can provide a channel for participation in national forum activities which is not available anywhere else. In addition, the NCSW can provide information, stimulation and opportunity to laymen who join the Conference, and the Study Commission recommends that more promotion be done on a selective basis among board and committee members of national and local organizations.

#### Governing Structure

The major changes in the governing structure of the Conference recommended by the Study Commission are as follows:

1. The President-nominee should be changed to President-elect. The person so designated would then be in a position to start Annual Forum program planning eighteen months in advance as outlined above.
2. In order to avoid confusion in terminology the present Executive Committee should become the National Board. An Executive Committee should be established consisting of the President, President-elect, Past President, 3 Vice-Presidents, Treasurer, and 3 members named by the Board from its membership.

No change is proposed in the method of nominating and electing the Board. This means that the present pattern which provides for regional representation and which ensures the election of a certain number of laymen and persons from outside the social welfare field would be continued.

#### Location of Headquarters

The nature of the program envisaged and the kind of program planning required raise anew the question of moving the Conference headquarters to New York City. It is recommended that the Executive Committee give consideration to this matter.

#### Staff Service

Full implementation of the program planning process described in this report will require the full-time services of one professional staff member to keep each of the Subcommittees of the Program Committee informed of developments, to assist Division and Section chairmen, to coordinate the work of the Subcommittee, to assist the president in the task of committee appointments, and to carry on negotiations with the national organizations.

Financing

The major financial implications of the Study Commission recommendations are related to increased costs due to proposed changes in the nature of the program and the program planning process. Full implementation of the Study Commission recommendations would probably require one additional staff member, travel money for this person to meet with subcommittees around the country, and perhaps a larger amount of money than is now provided for meetings of program planning groups. Tentative estimates indicate a \$22,000. annual expenditure for this item.

In order to assure financial stability to meet any losses in income or unanticipated increases in expenditures in implementing the recommendations in this report, consideration should be given to establishment of a special \$10,000. reserve fund.

If the plan here recommended is adopted, the Executive Committee will need to give attention to the pace of implementation and to explore possible sources of income to meet the increased costs involved. It is recommended that those proposals which do not require special financing and do not involve any constitutional changes be implemented as soon as possible.



"NCSW Study Discussed in Atlantic City"

Conference Bulletin, Summer, 1960, Vol. 63, No. 4, p. 5

This article reports consideration of the report of the Study Commission at the Membership and Executive Committee meetings of the NCSW in Atlantic City in June, 1960.

The report of the Study Commission on "The Future Role of the NCSW" received intensive consideration in Atlantic City in June by the Executive Committee and in the annual meeting of NCSW members on Wednesday afternoon, June 8.

Sanford Solender, Vice-President of the Conference, introduced the discussion on both occasions by reporting on the comments on the study which had been received in the Conference office. At the request of the Executive Committee he had analyzed and summarized the following materials: (1) the replies from 30 community welfare councils which had been asked by the Conference to secure local community reactions to the report; (2) the discussion at a meeting of the Associate Groups held on May 11 to consider the report; and (3) letters from individual NCSW members.

Mr. Solender's report contained the following points:

1. Of the 30 councils that responded, 20 clearly favor the recommendations of the report, and 10 are generally pleased.
2. The idea of focusing the Annual Forum program is acceptable, to be applied flexibly.
3. There is a clear desire for the Conference to stress common and unifying elements, as well as different methodologies, in order to avoid fractionalization.
4. Serious questions are raised as to whether there is provision of adequate time for the Associate Groups in the proposed time schedule.
5. Bigness, scatteredness and complexity of the Annual Forum cause concern, but there is a desire for a broad base and wide participation.
6. There is a widespread feeling that the study has moved the Conference ahead and that the recommendations should be implemented within an experimental frame of reference.

He reported the following comments in the responses which suggested the need for modifications of the Study Commission recommendations:

1. The purposes of the Conference should be revised and made more specific in:
  - a. delineating the unique role of NCSW;
  - b. setting priorities for the Conference;
  - c. programming; and
  - d. evaluation.
2. The possibility of duplication in subject matter under Program Areas A and B. Several groups felt that Area B should cover both fields of service and methods of practice.
3. Program time schedule and format require some further study.
4. The new format makes the program more complicated than before.
5. The plan implies continuity of attendance. Will people come and stay through the whole time?
6. Will narrowing of issues cause a loss of attendance?
7. The role of national agencies should be clarified and extended.
8. There are complex problems inherent in the plan.

Following Mr. Solender's presentation at the meeting of members, there were comments and questions from the floor, with the latter being answered by a panel consisting of the following members of the Study Commission: David G. French, chairman; Charles I. Schottland, Eveline M. Burns, Robert H. MacRae, and Joe R. Hoffer. Arthur Greenleigh of Greenleigh Associates, who served as Consultant to the Study Commission, was a resource person at the meeting. The desirability of more active participation by laymen in the Conference was stressed by several persons.

In the discussion by the Executive Committee consensus was reached on the following points:

1. The goal of the Annual Forum should be more intensive treatment of a limited number of problems and issues than at present. However, under the new structure the Divisions should be free to organize or not to organize programs on the problems selected for emphasis.
2. More opportunities for audience participation should be provided than at present.

3. The timetable for planning the Annual Forum program which is proposed in the report should be modified to start 24 months before the Annual Forum.
4. The Program Committee structure proposed in the report should be simplified and made more flexible.
5. The present schedule of time for NCSW and Associate Group meetings during the week of the Annual Forum should be retained for the present.
6. A committee should start work on preparation of constitutional revisions needed.
7. The five national agencies listed in the report should be invited to name representatives on the 1961 Program Committee.
8. The plan of focusing attention on one subject all day Wednesday during the Annual Forum should be discontinued for 1961. Instead, a problem or issue should be selected for the 1961 Annual Forum program and given intensive treatment in a series of meetings, along the lines envisaged in Program Area A in the report, at the same time that other meetings are going on.
9. Serious efforts should be made to secure the additional funds required for full implementation of the Study Commission's recommendations.
10. Until full implementation is possible, experimental activities, in line with the objectives of the report, should be undertaken.

In addition to the above points, all of which relate specifically to the National Conference and the Annual Forum, the Executive Committee agreed that it should continue its consideration of the important questions related to conference activities facing the social welfare field and attempt to find ways for a joint approach to the problems.

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"In Transition. . . "

by Joe R. Hoffer

Editorial in The Conference Bulletin, Winter, 1961 (Vol. 64, No. 2) p. 2

This item reports on developments following the submission of the above Study Commission's report.

The year 1961 may go down in NCSW history as the year of transition -- a year when planned change and expediency walked hand in hand toward an unclear goal. Needless to say, this loose figure of speech requires some explanation. After all, we did spend two years on a study of the Future Role of NCSW and certainly there are some guide posts and stated objectives.

Less the reader jump to some unwarranted conclusions, I think I should repeat a point which was made many times during the course of the Study, namely, that many of the questions raised do not have simple answers. And furthermore, the social welfare field is complex and highly organized with the result that simple answers on specific questions are difficult to achieve.

At the risk of over-simplification, I would suggest that we reached agreement on five major points:

1. The continuing need for a national forum in social welfare;
2. Conferencing is important for the profession and the field;
3. There is need to examine the problem of multiple conferences in social welfare;
4. The NCSW cannot and should not determine its future role alone;
5. The forum activities should be organized to reflect an integrated approach to needs and services in social welfare and the development of specialized knowledge and skill in the various methods of social work practice.

As important as these assumptions may be, they do not provide an adequate basis for NCSW to chart a definite course. It is understandable that continued examination of the implications of these points will be necessary. Nevertheless, changes in the NCSW were thought to be necessary and a plan which incorporates the Study Commission recommendations has been adopted and will be fully implemented as rapidly as funds and resources permit.



Since the Atlantic City Annual Forum the following steps have been taken to carry out the Study Commission's recommendations:

- a. President shall name Chairmen for three new Sections for the program of the 1962 Annual Forum. Committee on Nominations shall nominate all Section Chairmen for 1963 Annual Forum.
- b. President-nominee presented to the Executive Committee a preliminary proposal for the 1962 Annual Forum designed to achieve an integrated approach to needs and services in social welfare.
- c. Representatives of five national generic organizations have been appointed to the Committee on Program.
- d. Committee on Program has adopted the experimental plan for the 1961 Annual Forum for an integrated and intensive treatment of a problem, "Toward the Elimination of Poverty."
- e. Two foundations have been approached for necessary initial funds to implement all approved recommendations of the Study Commission report relating to the Annual Forum.
- f. An intensive direct mail and personal appeal campaign with community funds for organization memberships was started in December to raise the \$25,000 annually needed to implement the Study Commission recommendations.
- g. Consultation with five national generic organizations (APWA, CSWE, NASW, NSWA, and UCFC) with a view to organizing a continuing group to study jointly the question of conferencing in social welfare at all levels is under way.
- h. Consultation is continuing with UCFC and NSWA on the 1956 "Proposal for a National Service in the Field of Statewide Community Organization for Health and Welfare" which was developed in cooperation with representatives from state-wide groups.

A long step forward will be taken within the next few weeks when the members will be asked to approve a revised Constitution which includes provisions for those aspects of the Study Commission recommendations which require action by the membership. These provisions have the full endorsement of the Executive Committee and it is hoped that the membership will concur so that the "period of transition" can be surmounted with a minimum of disruption in the affairs of the Conference.

B. State Conferences on Social Welfare

"Common Denominators in State Conferences and  
State Social Planning Organizations"

by Arthur Dunham  
Professor of Community Organization  
School of Social Work, University of  
Michigan, Ann Arbor

Paper presented at a joint meeting of the Association of State Conference Secretaries and the State Planning Executive Group, held in connection with the 79th Annual Meeting of the National Conference of Social Work, Chicago, Thursday, May 29, 1952.

This report of a questionnaire study indicates the lack of uniformity in the programs of state conferences on social welfare -- often called conferences of social work -- /by a person who has perhaps studied the subject more systematically than anyone else. Although the study is now almost 10 years old, information available to the NCSW indicates that there has been little change in the number of state conferences with paid staff, or in the programs of such conferences. The state planning organizations described in this report continue to function and there have been, to our knowledge, no similar organizations established since 1952, although some agencies that conduct state conferences still perform other functions.

The topic, "Common Denominators in State Conferences and State Social Planning Organizations", may be rephrased to pose these questions for discussion:

What are the major similarities and dissimilarities between state conferences of social work and state social welfare planning organizations? And what are the implications of these facts for the future?

Perhaps we may use this statement of the problem as a starting point for our discussion.

It seemed to me that it might be useful to start with a cross-section of current facts rather than theories or opinions. Since there appeared to be no foundations with a yearning to finance a six-months field trip around the country, I reluctantly turned to that hardy perennial, the questionnaire, as the best means



at hand for getting responses to certain questions from selected state conferences and planning organizations.

Defining the terms of the problem and limiting the scope of the inquiry was the next step.

The Directory of State Conferences of Social Work <sup>1/</sup> listed 51 conferences -- one in each of the States, one in Hawaii, and two in Canada. From these I selected the conferences listed as having either a full-time or part-time executive secretary. (It seemed reasonable to suppose that conferences having no paid executive service would not be substantially comparable to state planning organizations.) There were 27 such conferences -- 15 with full-time executives, 12 with part-time. <sup>2/</sup>

The selection of the "planning organizations" to be studied presented greater difficulties: There are well over a hundred statewide agencies, aside from state conferences listed in the CCCA's 1949 Directory of Statewide Agencies. <sup>3/</sup> It seemed likely, however, that comparisons with state conferences would not mean much unless there could be selected a group of statewide planning organizations which were reasonably comparable with each other. Consequently, three criteria were applied for the selection of the agencies to be studied:

1. The agency should be primarily concerned with social welfare.
2. It should be concerned with social welfare as a whole, or with broad acres of social welfare and not with one specialized field -- child welfare, health, recreation -- or one specialized function -- legislation, joint fund raising, etc.

The application of these criteria served to single out four agencies: the three well-known statewide citizens welfare associations -- the New York State Charities Aid Association, Pennsylvania Citizens Association for Health and Welfare, Ohio Citizens Council for Health and Welfare, and one other organization, the Massachusetts Community Organization Service. The analysis of the returns later indicated some rather basic differences between the three statewide citizens associations and the Massachusetts agency.

The identical questionnaire was sent to the 27 state conferences and four planning agencies. The questionnaire touched on seven topics as a basis for comparison. These were:

1. Objectives
2. Functions
3. Organization (membership, board, staff)
4. Finances
5. Current program
6. Problems of the agency itself
7. Major health and welfare needs in the state

Effective answers were received in time for use from 21 of the 27 conferences <sup>4/</sup> and from all four of the planning agencies. Of the 21 conferences replying 13 had full-time executives.

Whatever values may emerge from this study are due to the generous co-operation of the executives and other representatives of the conferences and planning agencies that replied to the questionnaire. Their assistance and their participation in this inquiry are warmly appreciated.

### Objectives

An examination of the objectives of the conferences and planning agencies was not especially rewarding. Social welfare objectives are likely to be stated in broad and sweeping terms, and formal statements of purpose frequently give little insight into either functions or programs.

One conclusion does emerge from these statements. Most of the conference objectives are broad enough so that they relate to general statewide health and welfare planning, and not merely to the traditional conference functions of discussion and education. In the main, most of these conference objectives do not differ greatly from the objectives of statewide citizens welfare associations.

### Functions

The agencies' analysis of their functions was quite interesting. The questionnaire included a suggested list of functions of statewide community organization agencies. <sup>5/</sup> Each agency was asked to indicate which functions were primary in its program, which were secondary, and which were not included in its functions or were of no substantial importance.

The results are shown in the following table:

Functions of State Conferences of Social Work & State Planning Agencies

	Conferences				Planning Agencies			
	P&S	P	S	O	P&S	P	S	O
1. Conduct, an annual state welfare conference	21	21	0	0	0	0	0	4
2. Conducting inst. or short courses in connection with annual state welfare conference	15	13	2	6	1	0	1	3
3. Conduct, reg. state welfare conferences	15	12	3	6	0	0	0	4
4. Fact-finding	14	7	7	7	4	4	0	0
5. Coordinat. & integ. among statewide agencies	15	7	8	6	4	2	2	0
6. Coordinat. or integ. between statewide & nat. agen.	7	1	6	14	3	1	2	1
7. Developmt. of jt. plan. & act. on statewide prob.	15	10	5	6	4	4	0	0
8. Education and interpretation	19	17	2	2	4	3	1	0
9. Legislative analysis and/or reporting	17	9	8	4	4	4	0	0
10. Legislative promotion	12	8	4	9	3	2	1	1
11. Enlist. & mobilizatn. of citizen interest & participat. in matters relat. to statewide soc. welf.	18	14	4	3	4	3	1	0
12. Functions relat. to jt. financ. and/or allocation of funds for vol. agencies (What are these functions in the case of your agency?)	1	1 <sup>a</sup>	0	20	2	0	2	2
13. Consultation & assistance to local communities	14	5	9	7	3	3	0	1
14. Active prom. developmt. & mainten. of statewide prog. in specific fields. Which fields? Add any others; check those which apply.	11	6	5	10	3 <sup>c</sup>	3	0	1
Public welfare.....	6			15	3			
Public assistance.....	6			15	3			
Family welfare.....	4			17	3			
Child welfare.....	8			13	3			
Public health.....	6			15	3			
Mental health.....	7			14	3			
Physically handicapped.....	6			15	2			
Corrections.....	3			18	2			
Recreation.....	4			17	2			
Other (Specify).....	b				b			
15. Other major functions: Please specify	d				d			

Footnotes to table: -- Abbreviations: P, Primary; S, Secondary; O, Not a function or not of substantial importance.

a. The Wisconsin Conf. acts as staff for Wisconsin Comm. Chest & Councils, Inc. and handles the state campaign for the United Defense Fund.

b. The following fields were mentioned twice by conferences: education, aged; the following were mentioned once each: labor participat. juvenile corrections (sic), religion, adoptions, human relations, displaced persons, housing, adult & juvenile delinquency, social hygiene, family living, delinquency control. One planning agency mentioned hospitals.

c. One state plan. agency marked two areas--public health & corrections--"limited"; another checked certain of these items as primary or secondary.

d. Other maj. functions listed once each by conf. were: volunt. registratn. of soc. wrkrs. reg. planning, yr. -round plan. labor participation project, publish monthly bulletin, "nine year-round committees". One planning agency listed: technical consultation to governmental agencies on state health and welfare administration.

In spite of some problems of definition, communication, and semantics, the results seem clear enough to highlight certain facts.

1. They of course confirm what we all know -- that conferences have the conference function and that planning organizations do not. Three out of four conferences have institutes and regional meetings as well as the annual meeting. Practically all of the conferences list education and interpretation as a function.
2. Either three or all four of the planning agencies exercise each of the "non-conference" functions listed, except that only two of them (Massachusetts and Ohio) have functions relating to joint financing.
3. At least two-thirds of the conferences claim seven "planning" functions: fact-finding, coordination of statewide agencies, development of joint planning and action, legislative analysis and/or reporting, enlistment and mobilization of citizen interest, and consultation to local communities.
4. Twelve of the 21 conferences list legislative promotion as a function; eight indicate it as a primary function. Of the planning agencies, three (all except Massachusetts) list this function -- two of them as a primary function.
5. Only eleven of the conferences -- about half -- have the function of "active promotion, development, and maintenance of statewide programs in specific fields." <sup>6</sup> Moreover, only six of the eleven see this as a primary function. On the other hand, three of the planning agencies (all except Massachusetts) accept this as a primary function.

Probably the two most characteristic functions of the statewide planning agency are: (1) this continuous promotion and development of programs in the various divisions of the field of social welfare and (2) legislative promotion. It is interesting that about half the conferences see themselves as having these functions (however much or little they may do about them), but it seems significant also that just at this point is there most divergence between the functions of the conferences and the planning agencies. Undoubtedly a large part of the answer here lies in the small budgets of most of the conferences. An agency with one professional worker and a budget of five or ten thousand dollars can scarcely aspire to do much in the way of statewide program development in specific fields.

#### Membership and Boards

Seventeen conferences reported definite membership figures - chiefly estimates. (One (Illinois) reported 2074 individual members; eight <sup>7</sup> reported 1000 to 2000; five <sup>8</sup> reported 500 to 1000; three <sup>9</sup> reported less than 500. There is some correlation between state populations and conference memberships, but it is not marked.



Organization memberships, for 15 conferences reporting definite figures, ranged from a high of 289 to a low of 3, with 40 the next lowest figure. The Ontario Conference had 160 individual members and 120 organization members. In no other case did the number of organization members reach 40% of the number of individual members.

It is difficult to generalize about the planning organizations. Massachusetts reported no individual or organization members. The State Charities Aid reported no individual members as such (although there are individual contributors), but mentioned a large number of local affiliated organizations. Ohio has 276 individual members and 888 organization members, the latter appointed by the supporting chests. The PCA reports 2000 individual members and no organization members.

A number of the conference boards are surprisingly large. For 19 conferences reporting on this item, one board is "estimated" at 50; four are from 40 to 50; three are from 30 to 40; four are from 20 to 30; six are below 20. In nine boards social workers predominate; in ten, laymen.

Of the planning agencies, the SCAA has a modest 30 members on its board; the Massachusetts agency has 60; the Ohio Citizens Council has 110, and the PCS has 125! Laymen predominate on all these boards; this is one of the basic characteristics of the statewide citizens welfare associations. The SCAA has no social workers; the PCA has one out of 125 board members. Massachusetts has 15 out of 60 and Ohio has 35 out of 110.

The differences in the size and resources of the conferences on the one hand and the planning agencies on the other emerge most clearly, of course, from the staff and budget figures.

Of the planning agencies, New York has a professional staff of 47, Pennsylvania 7, Ohio 4, and Massachusetts 2.

One conference (Michigan) has six professional staff members, but two are recorded as part-time, and the Conference is engaged in carrying on a specially budgeted "labor participation" project. Wisconsin has two professional workers, no other conference has more than one; apparently seven conferences have part-time executives and three have vacancies at present in this position.

The questionnaire did not cover the matter of internal organization. It is known, however, that the statewide citizens associations have standing divisions or committees, for such areas as mental hygiene, family and child welfare, etc. The conferences in some cases may have standing divisions or committees of this type, but on the whole they probably tend more strongly toward ad hoc committees for special temporary projects.

## Finances

As to budgets: In round figures, the current expenditures of the planning agencies for the last fiscal years were:

New York	\$598,800
Pennsylvania	100,000
Ohio	37,500
Massachusetts	13,100

In contrast to this, 18 conferences reported these budget ranges:

\$20,000 to	\$30,000	3 conferences <u>10/</u>
15,000 and below	20,000	None
10,000 and below	15,000	8
5,000 and below	10,000	2
1,000 and below	5,000	3
Below \$1000		<u>2</u>
		18

In other words, only three of the conferences have budgets that approach that of even the smallest statewide citizens associations.

An analysis of the sources of income of conferences and planning agencies yields these major facts:

1. Three of the planning agencies receive the great bulk of their support (80 to 96%) from community chests. The fourth (the SCAA) receives 50% from contributions, 22% from interest on investments, and 13% from foundations, with only 2-1/4% from chests.
2. The 16 conferences reporting on this item receive the following proportions of their income from memberships and contributions: 99 or 100%, eight conferences; 82%, one; 69.5%, one; 40 to 51%, three; below 40% (actually 6 to 28%), three.
3. Two conferences received governmental grants amounting to 30 and 35% of their budgets which were in the \$5,000 to \$10,000 range.
4. The conference with the largest budget receives 87% of its income from a state financial federation, and 5% more from community chests, with only 6% from memberships and contributions. Two other conferences in the \$20,000 range received 83 and 40%, respectively, from chests; and two others in the \$10,000 - \$20,000 range received 40 and 35%, respectively, from chests.

5. The highest conference budget supported mainly from memberships and contributions was \$14,800.

These data suggest that if a well-rounded active state community organization program is to be carried on by either a planning agency or a conference, in most cases a substantial proportion of its support will probably have to come from community chests, state financial federations, or both.

#### Programs - Planning Agencies

No one has yet discovered any satisfactory method of comparing programs concerned primarily with community organization or health and welfare planning. As a matter of fact, most agencies in this area have not yet even reached the preliminary steps of standardized program recording, reporting, or "program accounting."

The three statewide citizens welfare associations all have ongoing community organization programs in various fields, roughly comparable to programs of community welfare councils, but with an additional emphasis on legislation.

The major areas of interest for the three statewide citizens associations are shown on the following comparative chart of divisions, or other organized program units (in the case of Ohio, newly recommended advisory committees):

#### Major Divisional Units of Three Statewide Citizens Welfare Associations

New York SCAA	Pennsylvania - PCA	Ohio Citizens Council
Tuberculosis & Public Health	Public Health	Physical and
Mental Health <sup>11/</sup>	Mental Health <sup>11/</sup>	Mental Health
Children & Public Welfare	Family & Child Welfare	Family & Child Welfare
Child Placing & Adoption (direct service)		
New York City Hospital Visiting	Penal Affairs	Recreation & In- formal Education
		Community Organi- zation Service
Legislation Information	Legislation Information	



The Massachusetts Community Organization Service, in cooperation with the Bureau of Municipal Research of Harvard University, is engaged in a unique survey of existing patterns of areas and districts employed in the administration of governmental and voluntary health, welfare, and recreation services in Massachusetts. Along with this will go an analysis of areas and regions of the Commonwealth, based on physical, economic and demographic material. The objective is, through study and joint planning, to produce a map which will suggest a geographic pattern for future development in the administration of these services.

### Programs - Conferences

Conferences are carrying on a variety of program projects. Only a few of these can be referred to by way of illustration.

One of the most clear-cut and impressive statements in this connection is the Program of the Missouri Association for Social Welfare for 1951-52, unanimously adopted by the membership in November, 1951.

It contains eight brief, concrete statements of current objectives in the areas of: child care and protection, civil defense, civil service and personnel, employment standards, health, housing, human rights, and public social services. This Conference publishes a periodical, Building a Better State, and other studies and special bulletins.

The Michigan Welfare League has a detailed statement of program aims and accomplishments, in connection with its budget request to the Michigan United Health and Welfare Fund. Its services are summed up under the headings of joint planning and cooperative action with agencies; planning with citizen groups (including official commissions); services to communities, education, interpretation, and information (including a new statewide directory); the state conference; and research, fact-finding, and demonstration.

A special foundation grant to the Michigan Welfare League financed a six months reconnaissance study on evaluative research in social work, carried on by David G. French.

An experimental Labor Participation Program has been developed by the Michigan Welfare League, Michigan Community Chests and Councils, the United Health and Welfare Fund, and labor groups. This program is "a plan whereby a large number of persons in industry, through their own labor organization channels, via institutes, labor participation committees, labor counseling classes, tours, etc., will bring about increased giving and participation by representatives of labor in Chest-Fund-Council and agency activities."

The Wisconsin Welfare Council records a list of impressive legislative enactments promoted by the Council from 1929 through 1949. The present program includes: a legislative program for 1953, setting up the campaign for the United Defense Fund, field service to local chests, work with the Wisconsin

Community Organization Committee, work with the Wisconsin Committee on Children and Youth (follow-up of the White House Conference) and publications, including a bi-monthly bulletin.

The Texas Social Welfare Association is working for social services in state institutions, assistance for the permanently disabled, additional child guidance centers, and additional state funds for mental health and for county health units.

The Maryland State Conference of Social Welfare has an active Citizens Committee on Public Welfare, which is concerned with standards, salaries, and related problems. Several reports of sub-committees have been circulated among legislators.

The Indiana Conference has developed a plan of voluntary registration of social workers, under which 982 persons have been registered.

The Minnesota Welfare Conference is promoting a bill on the Restriction of Practice. The bill was drafted by a statewide committee.

The Massachusetts Conference has three new statewide working committees on the subjects of The Church and Social Work, Labor and Social Work, and Public and Private Social Workers.

The North Carolina Conference has been especially concerned with the problem of housing; activities in this area include a pilot study of the housing of the lowest income group in a rural county and the distribution of an article on sub-standard housing in North Carolina cities.

One might continue with other examples of studies, publications, legislative efforts, and other projects.

The examination of the available evidence on program projects leaves one of these general impressions:

1. The conferences are carrying on a substantial number of valuable community organization activities.
2. In only a few conferences -- chiefly the ones with more secure staff and budgetary arrangements -- do there seem to be comprehensive year-round planned programs of health and welfare planning as distinguished from specific, sporadic, or isolated projects and activities.
3. In only a few cases do the conference programs appear to approximate the kind of program one would expect from a reasonably effective statewide citizens welfare association.

### Intra-Agency Problems

This is not intended as a criticism of the conferences. It is a plain matter of cause and effect. Most of the conferences do not have enough money to do more than they are doing.

When the questionnaire inquired regarding intra-agency problems, the conferences replied practically with one voice -- "Finances!" (Incidentally, the four planning agencies also mentioned financial support as a problem. )

Other problems that received incidental mention by the conferences included: the tendency of program to outrun staff; extension of membership; lack of time for conference activities; competitive conference groups; conflict between professional and lay points of view; and, in one Western state, sparsity of population, tremendous distances, and topography.

Among the planning agencies, the PCA mentions "a shift from central state-wide direction from a single headquarters office to decentralized direction from four 'area' offices. "

A thoughtful statement from the Ohio Citizens Council points out the problems of: (1) distance and scattered membership; (2) obtaining support and participation in less populous counties; (3) obtaining top-flight lay participation; (4) converting local knowledge and interest into statewide action; and (5) determining the exact scope and program in areas such as public health, corrections, and mental health.

### State Health and Welfare Needs

A final inquiry in the questionnaire asked: "What do you see as the outstanding overall current health and welfare needs of your state?"

The question elicited a wide range of replies from the conferences. One conference executive reported that she "asked several people this question at a luncheon meeting and was given everything from the lack of good sewage disposal in the State as a real public health problem to the need for a statewide recreation commission, with the lack of public housing in between. "

A good many of the replies indicated alertness, concern, vision, and an understanding of statewide community organization. It is clear that many of the state conferences have both knowledge and imagination in regard to statewide needs.

Some of the chief points of concern were these:

1. Mental Health. Mental health facilities, in institutions and otherwise. --  
A desperate need for an institution for psychiatric care for children. --  
A vigorous state mental hygiene society.

2. Courts. Improving juvenile court facilities and procedures.-- Clinical services for common pleas and juvenile courts in smaller counties. -- Need for family courts or domestic relations courts.
3. Children. --Need for study of foster home and adoption services; correlation of public and private agency practices; public interpretation. --Coordinated services to children. --Services to children in their own homes. --Codifying and revising state laws relating to children and youth. --Relocation and rebuilding of state school for delinquent boys.
4. Public Welfare (especially public assistance). Integrated administration of public assistance programs. --Adequate standards of public assistance in terms of health and decency. --Higher grants for ADC and general assistance. --An orderly plan for medical care in connection with general assistance. --State supervision and fair hearings for general assistance as for the categories. --Elimination of remaining vestiges of township relief. --Implementation of adult probation and parole legislation. --A lay public advisory group in corrections. --Adequate medical and social services in state institutions. --Less political interference in public welfare.
5. Health. A good medical care program, embracing both mental and physical health. Full coverage of needed services by local health departments. --Better facilities for finding and correcting defects among school children. --County health departments with qualified staff to man them. --More intensive accident prevention and safety programs. --Extended education to acquaint communities with health needs of children.
6. Miscellaneous. More qualified workers. --Better interpretation and public relations programs. --Research in human developments. --Better teamwork among the many "towns" of the State. (This is New England!) --Better inter-relations among existing programs. --Getting national and state agencies together to see their relationships.

For the most part, the planning agencies listed the same sorts of problems as the conferences. Some of the others that were mentioned by them were:

Better coordination between governmental and voluntary agencies, and between national, state, and local agencies. --Separation of voluntary and public administration of welfare and medical services into units with clearly understood responsibility to the public. --Some adequate plan for financing voluntary national and state agencies. --A more complete network of adequate local health departments. --Need for a uniform statewide system of providing protective services and care for neglected and dependent children. --More adequate local public recreation, especially in less populous centers. --Modernization and reorganization of state governmental services for health and welfare.



--Establishment of health and welfare areas all over the state. --Complete coverage and more even distribution of health and welfare services throughout the state.

Almost any state conference or state planning agency would find a challenging program in attacking the problems listed for its state --and taken together, they provide almost a checklist of statewide health and welfare problems.

Incidentally, is it entirely fanciful to suggest that state planning and state conference executives might hammer out something in the nature of a more or less systematic checklist of major statewide health and welfare needs and corresponding services that would be most useful in meeting such needs? Such a guide might in some ways parallel Joanna C. Colcord's Your Community -- the focus, however would be "Our State." If such a guide were prepared thoughtfully and with imagination it might be a real tool for many different kinds of groups in helping with statewide education and planning.

#### As to Conclusions

Where do we come out with conclusions? This material lends itself to all sorts of exciting differences of opinion and provocative discussion. The implications of this inquiry, if acted upon, may be rather important to the future of health and welfare in our states.

Let me submit these observations and suggestions as a starting point for discussion. <sup>12/</sup>

1. Every state needs a strong and well-equipped voluntary organization concerned with broad health and welfare planning. In any state with a population of over 3,000,000 or 4,000,000, there is a prima facie case for a statewide citizens welfare association or something closely resembling it.
2. The state citizens welfare associations have been of enormous importance in the few states where they have existed and survived. They have developed important continuing programs of health and welfare planning, they have frequently made statesmanlike contributions to such state planning; they have done some of the best and most skillful jobs of community organization and social action that we have seen in this country.

Other types of statewide agencies also have of course made important contributions to health and welfare planning. It is not been possible to include them in this discussion, but their values and importance should not be overlooked.

3. State conferences of the "action type" resemble state planning agencies in many of their objectives, functions, and program projects. In the aggregate they are doing a substantial amount of health and welfare planning.

4. With a few exceptions, however, state conferences appear to be undertaking health and welfare planning on the basis of particular selected individual projects rather than on the basis of continuous, comprehensive, planned programs in the major fields of social welfare.

The reasons for this are obvious: most state conferences today are not organized, staffed, or financed to do a well-rounded, far-flung health and welfare planning job.

5. In most states, at the present time, the state conference is still probably in the best strategic position to develop leadership in statewide health and welfare planning; but most conferences will have to make substantial changes in their present patterns of program, organization, and support to give such leadership effectively.
6. If a state conference wishes to give real leadership in statewide health and welfare planning, comparable to that which might be given by a statewide citizens welfare association, it will probably need to have or to achieve at least the following characteristics:  
(a) It should be a continuous, year-round "going concern," (b) It should have a broad citizen membership and a strong, representative board, composed chiefly of laymen rather than social workers. (c) It should have a skilled staff with at least two professionally qualified workers. (d) It should have reasonable financial security and a reasonably adequate budget -- probably not less than \$25,000. A substantial proportion of this budget will probably have to come from local community chests and/or a state financial federation. (e) The agency should develop a broad, continuous, carefully-planned program of health and welfare planning. Its primary focus should be on this program. The annual conference may and probably will continue to be an important element in the program, but if it is the primary element in the program, the conference will probably not give more than an incidental service in the area of health and welfare planning. (f) The conference may want to stress its function of health and welfare planning by calling itself something other than a conference. The term "conference" is likely to suggest to most people the forum and discussion functions rather than active leadership in statewide community organizations. A number of the state conferences have, of course, already taken this step of changing their names.
7. Community chests and community welfare councils should recognize the immense stake of their local communities in statewide health and welfare planning; and local and state chests (where these latter exist) should make every effort to give adequate financial support to both state planning agencies and state conferences carrying on "action-type" programs.

8. More intensive study of the problems and methods of statewide community organization and a better working literature, are greatly needed. It might be useful to experiment with a one or two week summer institute, workshop or seminar, on statewide health and welfare planning. Such an institute might be set up under the auspices of a school of social work or a national agency, or both, and it might be directed primarily to the needs and interests of a limited group of executives and staff members of state conferences and state welfare planning agencies.

The field of statewide health and welfare planning offers almost unlimited challenges and opportunities. It is to be hoped that both state conferences and planning agencies may be able increasingly to meet these challenges with vision, leadership, and social statesmanship.

#### FOOTNOTES

- 1/ Association of State Conference Secretaries. Directory of State Conferences of Social Work (As of August 1, 1951.) with correction sheets received about April, 1952.
- 2/ In the following list of these 27 conferences, those marked with a star are listed as having full-time executives: California, Colorado, Connecticut\*, Florida\*, Georgia, Idaho, Illinois, Indiana\*, Kentucky\*, Maryland, Massachusetts\*, Michigan\*, Minnesota\*, Missouri\*, Nebraska, New Jersey\*, New York\*, North Carolina\*, Ohio, Pennsylvania, South Carolina\*, South Dakota, Tennessee, Texas\*, Wisconsin\*, Ontario\*, Western Regional (Canada).
- 3/ Arthur Dunham, "Statewide Community Organization Comes of Age" (Social Service Review, Vol. XXIV, December 1950), p. 487. Reprinted by Community Chests and Councils of America.
- 4/ All those listed except Florida, Georgia (Letter received, but no complete questionnaire reply), Kentucky, Pennsylvania, Tennessee and Western Regional.
- 5/ Adapted from Dunham, "Statewide Community Organization Comes of Age", pp. 488-491.
- 6/ This item was badly stated. It might perhaps better have been worded: "Active assistance in promoting, developing, and seeking to maintain on a satisfactory basis programs in specific fields." One conference picked up the flaw in the original statement, and remarked that it promoted programs but did not maintain them.
- 7/ California, Indiana, Maryland, Massachusetts, Missouri, New York, Ohio, Texas.
- 8/ Colorado, Connecticut, New Jersey, North Carolina, Wisconsin.
- 9/ Nebraska, South Dakota, Ontario
- 10/ One of the conferences reports \$29,000 for its regular program. There were additional amounts for certain special projects.
- 11/ In both the SCAA and PCA there are movements in the direction of reorganizing the mental health divisions as more or less autonomous state mental health associations.
- 12/ Some of the suggestions are adapted from Dunham, "Statewide Community Organization Comes of Age", pp. 491-492.



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"The State Conference on Social Welfare - Its Future Role"  
by Joe R. Hoffer

Paper given before the Louisiana Conference of Social Work, April 30, 1953

This paper makes use of the findings of the above Dunham report to consider a few basic questions that need to be answered to decide what developments should be made in state conferences in the future. Except for the fact that a few figures given relate to the early 1950s instead of the late 1950s or early 1960s, the paper might have been written in 1961.

Give five Chinese cooks the same ingredients and you get five different dishes. Yet, Chinese food, by whatever recipe, is distinctive from all other culinary art. So with state conferences. The ingredients may be basically the same, but the results are different. Yet, there is a distinctive flavor which characterizes them all.

The role of a state conference on social welfare can be defined only by the individuals and organizations responsible for social welfare within a state. This role may be one of leadership, or the conference may be just another state-wide social welfare organization.

If it is the latter it has relinquished its traditional role and should be placed in mothballs and forgotten. If it is the former, it should take the leadership in creating a solidarity among all those interested in the well-being of people. It will be only through such solidarity that we will be able to secure public understanding and acceptance of social welfare. The final decision as to its role will depend, among other factors, on what other state-wide agencies are present as well as what they are doing.

In order to define its role in social welfare, a state conference must answer at least four questions:

1. Is there a need for a state conference in its present form?
2. What are the major functions which need to be performed in the state?
3. What should be the membership base?
4. How should the state conference be financed?

1. Is There a Need for a State Conference in its Present Form?

The full answer to this question must necessarily be postponed until the state conference has answered the other questions. Nevertheless, the conference might review the present situation in the country and accept

some hypotheses.

The term "state conference on social welfare" is usually defined as an organization whose primary or major function is to provide a dynamic educational forum for the presentation and discussion of social welfare or related problems and issues. However, in recent years many state conferences have taken on additional functions utilizing the process of community organization, or as some people prefer to call it, social welfare organization. The principal aim is to bring about and maintain adjustment between social welfare needs and social welfare resources in the state.

It becomes imperative, therefore, to examine the existing state conferences as a part of the larger overall welfare picture in the nation.

There is at the present time, a state conference in each of the 48 states. The first one was organized in Wisconsin in 1881 and New Mexico organized a conference in June 1951 to complete the roster.

Thirty-three states reported <sup>1/</sup> that in 1950 more than 25,600 individuals attended their annual meetings. Registrations at all state conferences no doubt exceeded 30,000 individuals in that year.

This is evidence that state conferences are universal and attract a considerable number of people in the field.

The International Association of Convention Bureaus in its pamphlet entitled CONVENTIONS - AN AMERICAN INSTITUTION has this to say about conventions in American life:

"Woven permanently and prominently into the pattern of this nation's social and economic life is that peculiarly American institution - the convention. "

2. What Are the Major Functions Which Need to be Performed in a State?

The 39 state conferences which reported on their activities and services listed a wide variety of functions. Thirty-two conferences reported that their major function was an educational forum. The others listed social action and state planning as their chief activity.

A relatively large number of conferences (27) reported that they endorsed, initiated or promoted social legislation. Exhibits, institutes, district meetings and film activities were prominent in state conference programs. Six conferences provided counseling services to local communities on community organization problems. Only 19 reported affiliate or associate group meetings held in conjunction with their annual meeting.

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<sup>1/</sup> State conferences reporting to the National Conference of Social Work on their annual program.

The Michigan Welfare League has probably the most varied program on a statewide level in the country. The range of its services may serve as an excellent guide to a state conference in defining the major functions which need to be performed in a state. The President of the League has defined its function to include the following:

1. Joint planning and action - with state and national agencies, both public and voluntary.
2. Representation of social welfare interests in broader citizens groups such as organized labor, chambers of commerce, farm organizations.
3. Advice and consultation on local community organization problems, (e. g. health and welfare planning, joint financing and program development in specific fields).
4. Arrangement of conferences, forums and in-service training activities.
5. Public education (interpretation and information regarding welfare programs including reports on welfare legislation).
6. State-wide research and fact-finding.

The President concludes that these six functions are accepted as the primary concern of the organization and that it is the role of the League to serve as a "council of social agencies" on a state level.

Arthur Dunham in a paper <sup>2/</sup> entitled "State-Wide Community Organization Comes of Age" defines the major tasks of state-wide community organization. He believes that certain functions with respect to joint financing and allocation of funds for voluntary agencies should also be performed on the state level.

We cannot leave the discussion of the function of a state conference without some consideration of the scope and nature of the subject matter included in its program. How broad should its horizons be?

The first horizon is, of course, the local community. It is here that the members make their greatest contributions. The second horizon is the state. The state is an extremely important political unit for social welfare effecting both voluntary and tax-supported services. The third horizon is our nation. Through travel and through our newspapers, radio, television, movies and other media, we keep abreast with developments all over the land. Our fourth horizon has just opened to us in the last two decades. I refer, of course, to the international scene. Twenty years ago it was fashionable to become concerned about international

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<sup>2/</sup>Presented at a meeting of Community Chests & Councils of America at the Annual Meeting of the National Conference of Social Work, Atlantic City, N. J., Apr. 25, 1950.



affairs as an escape from facing our everyday problems. While it may be true to some extent today, it is an undeniable fact that what is happening on the international level has a direct bearing on the affairs of Baton Rouge and every other local community in the United States.

I believe, therefore, that before we can define our local, state and national horizons we must first sharpen our perception as to the nature of the international scene. The picture of the world today is one of a few islands of plenty in an ocean of human misery -- and even on these islands of plenty, e. g. Canada and the United States particularly, there is still need for raising standards of living. The announcement that 2,500,000 Americans are illiterate <sup>3/</sup> comes as a heavy shock to a nation that boasts of its high standard of living and takes great pride in its system of public schools.

We are beginning to see that Communism is not primarily responsible for all the growing tensions in the areas we call "under-developed." Communism is simply cashing in on the conditions of hunger, disease and ignorance in which more than a billion people have been held captive for too long. One-half of the world goes to bed hungry every night; one-half of the world is suffering from preventable diseases; countless millions are homeless; and two-thirds of the world's population is unable to read or write. Concrete evidence of these conditions is presented in the historic document, "Report on the World Social Situation," issued last year by the UN. This misery, and not communism, is the basic problem which we face.

The job that needs to be done to meet the staggering gamut of needs cannot be done or financed by any one nation. It is a problem of the world community and therefore it is a task for everyone. A consideration of the role of American social work in this picture must be undertaken and the state conference is a logical group to accept this responsibility. A distinguished historian has said that the 20th Century will not be noted for the discovery of the atom bomb and other scientific discoveries but as the Century when human society dared think of the welfare of the whole world as a practical objective. There can be no question about including this task in one of your horizons if you expect to live in a peaceful world.

Our country has been thrust into a position of leadership in the world. Every nation in the world is watching us to see whether our words match our deeds. Every instance of racial prejudice in America, every Western failure to solve the problems and conflicts of colonialism is exploited to the fullest. We believe that the strength of our nation depends upon the welfare of all our citizens. While we have made substantial progress in raising American living standards over the last two decades, we know the number in need

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<sup>3/</sup> Eli Ginzberg and Douglas W. Bray, *The Uneducated*, Columbia University Press, New York, 1953.

is shockingly large. For example, in 1949, according to the Bureau of Census, ten and one-half million American families - more than one quarter of the total - existed on annual cash incomes of less than \$2,000. (or less than \$38.50 per week). The enlargement of business and industrial opportunities and the growth in population bring also a series of new and broader social problems. These include lack of adequate housing, with its pressures on the family; the need for additional recreational facilities; new challenges in race relations; unprecedented demands on existing health facilities; and so on. These, too, you must include in your horizons as we build a strong nation for the defense of our democratic principles.

There has been a disturbing black cloud hanging over our heads in recent months which has marred our vision and clarity of thought. I am referring to the nation-wide rash of attacks on the public welfare programs. These attacks on public welfare are symptomatic not only of our concern and bewilderment about the state of the world today, but also a lack of understanding on the part of the general public about the concepts and principles of social welfare. The nature of the attacks indicates that the groups responsible would want us to turn back the clock as regards social advance and welfare.

The attacks have centered primarily on two fronts. The first, of course, is the cost of our public welfare programs and the second, the type of service offered. A number of charges have stemmed from these two -- for example: chisellers with their mink coats, speed boats and television sets; statism and federal regimentation; flirting with socialism; creating dependency and illegitimacy; destroying initiative, incentive and enterprise. These are the charges -- without adequate supporting facts which have been thrown at the relief clients unable to defend themselves and at those attempting to assist them.

There are valid answers to these charges and an alert conference can rally the state's community leaders in all walks of life to reaffirm those basic concepts which have been developed slowly over the last one hundred years and are now being challenged by a few.

There is only one answer to chisellers on relief rolls -- if it ever becomes a problem, that is a good administration. Unsound administration is the inevitable result of unsound legislation, policies, procedures and appropriations. The foundation of sound administration and service to people rests on personnel competent to do the job which has to be done. Adequate salaries, opportunity for professional growth, good working conditions and recognition as a professional person -- these are the essential ingredients for building a responsible body of qualified people to man our welfare programs and meet the needs of our people.

With a responsible body of qualified people we can utilize more fully the potential resources for rehabilitation and prevention which social workers

have refined with the help of other professions. These include the use of the casework method to release the maximum potentiality of individuals; the use of social group work methods in utilizing the group for educational experiences and personality growth; the application of community organization skills in bringing about a better adjustment between needs and resources.

These indicate the extent of the horizons which, I believe, are appropriate for consideration by a state conference.

3. What Should Be the Membership Base?

It is the universal rule that membership in a state conference is open to any individual or organization interested in the purpose of the conference. Such an "open door" policy implies that the conference should represent the entire field of social welfare and all its segments. Membership in the state conference should be interpreted, furthermore, as supporting the conference as an organization rather than merely attendance at the annual meeting.

Thirty-seven states reported a total membership of over 37,000 in 1950. only one conference reported a lay membership of over 50 percent, while sixteen reported that less than 10 percent of their members were laymen. It is obvious that by and large the state conferences are predominantly composed of and dominated by social workers. However, every conference reported that it was seeking more laymen.

It would seem that if a state conference is to represent the field of social welfare (and we accept the definition of social welfare to mean social welfare in all its aspects -- welfare, health, recreation and related services, both voluntary and public), then it must have in active participation representatives -- on all levels -- from all these services. We have accepted the fact that "laymen" (we use this term merely to designate the volunteer and/or individual representing the public to distinguish from the paid practitioners) have a partnership role in the conduct of social welfare services. They determine policy, secure the necessary funds and serve as channels of public interpretation; therefore, it would appear that they should also have a partnership role in the state conference.

This is easier said than done. Laymen are not apt to become interested if they feel that they are merely tolerated -- at least not in sufficient numbers for them to make a positive contribution. Practitioners, on the other hand, who look to state conferences as a means of furthering their education, want to meet with individuals who know intimately about their problems, the latest methods and techniques. As a matter of fact, their agencies often will not permit them to attend state conferences unless it can be justified on this basis.

This emphasis on methods and techniques which leads to specialization, and



possibly over-specialization, presents both a practical problem and one of values. While we need skill in the performance of our job, we also need something more important, and that is practice in explaining to others just what it is we do. We need, too, to develop a cooperation with others those services in which they have a stake.

Certainly one of the tasks of a state conference is to discover how laymen and/or volunteers and professionals and/or paid workers can be partners, and therefore the membership should be representative of both groups.

4. How Should the State Conference be Financed? 4/

It was fashionable, and incidentally a very sound principle, at one time, to believe that a state conference should be supported entirely through individual memberships. Token memberships were tolerated but not sought from local organizations. In the earlier days the costs of administrative services -- printing, paper, postage and clerical staff -- were sufficiently low so that an organization could secure sufficient funds from a \$3. membership fee. Now conditions have changed, and in many cases it costs more to serve a member than the \$3. income received from his dues. It usually costs \$1. to collect \$1. when the individual return is small, which means that memberships have become the most expensive method of raising funds.

This does not in any way change our basic principle that individual and organizational memberships should form the basic foundation of a conference. It does mean that we have shifted from thinking of memberships as a major source of funds to considering them a means of providing democratic participation and control.

Analysis of the returns from 33 states gives us some insight as to the future financing of a state conference. Thirty-three conferences reported a total income of approximately \$258,000 in 1950 as follows:

Membership fees	\$147,800.00
Community chests & other federated plans	35,000.00
Institute fees	20,000.00
State welfare departments	5,000.00
Other sources (foundations, contributions)	50,200.00

Let's look at some of the major sources of income. Membership fees represent over 57 percent of all income received by the 33 conferences reporting. It is apparent that in a state conference depending almost entirely on membership fees, the present inflationary period with rising costs and competitiveness for the membership dollar will result in a critical situation for the conference. The conference then either gives excessive attention to membership promotion

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4/ See also Joe R. Hoffer, "Conferences of Social Work," SOCIAL WORK YEAR-BOOK, 1951, American Association of Social Workers, New York.

for budgetary reasons or reduces the professional staff. In either case the program suffers and the conference is unable to achieve its goal.

Contributions from community chests and other federated plans are a fairly new source of income for state conferences. Increasing support from local federated groups should be expected and is justified for state-wide community organization. It is clear that the local community's welfare and health needs and the social relationship which are of concern to both governmental and voluntary agencies are influenced by what occurs on the state level, since it is the state which plays the leading part in most public social services.

It is surprising that state welfare departments contribute such a relatively small percentage to state conferences of social work. A partial answer is that leaders in the state conference movement are fearful that if a conference received funds from the state welfare department, the conference could not be critical of the public services or assume leadership in controversial legislative matters. It is recognized, of course, that this is a possibility, but it should not rule out considerable financial support from this source. A strong conference of social work will strengthen a state department of public welfare, not only in improving its program and personnel but in helping it secure the kind of public acceptance which it so badly needs.

Some state conferences have secured funds from foundations for special projects and interim support of their basic programs. There are appropriate requests for foundation assistance. However, an organization should have regular basic sources of support in order to benefit fully from the average foundation project. There is precedent for foundation support of a program until regular basic sources of support can be developed.

Some state conferences are also securing memberships and contributions from business concerns as well as from civic and fraternal groups.

If we were to venture a principle, it would be that the financing of a state conference should be on a broad base, including, if possible, funds from all these sources.

#### Questions to be Answered Affirmatively

In conclusion perhaps we can go back and answer our initial question -- Is there a need for a state conference in its present form? Your answer will probably be yes, but your yes is not going to mean anything unless you can answer yes to the following questions:

1. Will it meet needs which individuals and organizations will support with their time and money?

2. Does it have active lay participation?
3. Is the subject material generic and of a general nature appealing to all segments of the social welfare field?
4. Can you secure a broad base of financing?
5. Is your conference related to other state-wide organizations?

Living as we do in a period of inflation and crisis, we may have to make adjustments which we normally would not consider. We have cherished over the years the principle that the forum function should be free and should be performed by an autonomous and independent agency. The principle is still sound and achievable.

However, if a state conference cannot answer yes to all the questions listed above, it may have to consider a merger with other state-wide social welfare organizations. In such a merger, the open-forum function should be protected so that there can be a free exchange of experience and ideas and an opportunity for education and the improvement of standards. Such a merger should also provide for the development of a sense of cohesion and unity among social workers and laymen concerned with social welfare.

The next year will be a most crucial year for all who are concerned with the welfare of our citizens. The public interest in change of legislation so that the names of public assistance recipients can be a matter of public record is only symptomatic of a more basic attack on all we stand for. There is a need for all of like mind and purpose to stand together and work together. Only in this way will it be possible to secure public understanding of the social welfare needs of people and of our services.

A strong state conference -- fulfilling its modern role and continuing to assume leadership -- is needed and essential.



"The Yeast in State Community Organization for Social Welfare"  
by Joe R. Hoffer

Editorial in The Conference Bulletin of the National Conference on Social Welfare,  
Fall, 1957, p. 2

Although the title of this paper relates to state community organization, its content is largely devoted to state forums on social welfare, which might be a function of state community organization agencies. It reflects the situation at the time the item was written, that still exists today, of a need for strengthened organization for social welfare on a state-wide basis.

At a meeting during the 88th Annual Forum of the NCSW in 1961, the executives of state planning organizations voted to merge with the "Association of State Conferences of Social Work" to form the "Association of State Conferences of Social Work and State Planning Organizations." This may foreshadow significant developments in the 1960s.

Sputnik and the Asian flu notwithstanding, state conferences are holding their annual meetings this fall. The different geographic levels have a habit of selecting various seasons of the year for their social welfare conferences. Of course there are exceptions, but state conferences dominate the fall season, regional conferences are increasingly being scheduled in the winter, national conferences bask in the spring and international congresses flourish traditionally during the holiday season. We will have to find a new season when interplanetary conferences become practical and necessary.

Some agency Board chairmen may be tempted to draw invidious comparisons between Sputnik, the surprising Russian satellite, and the few human satellites who appear to travel in outer space from conference to conference, pausing just long enough to emit brief reports on climatic and intellectual conditions. Many more chairmen, however, recognize that thoughtfully planned conference attendance can contribute greatly to staff and board members and thus to the agencies themselves.

Nearly 40,000 workers and volunteers attend the non-academic educational offerings of the 48 State Conferences each year. Without benefit of the motivational researcher, we know that they come for in-service education and refresher courses; to meet old friends; for inspiration; and to learn more about and to discuss social welfare and the basic social and economic problems which bear on their day-to-day work.

We have to admit that they come (and their agencies encourage them to come) primarily to improve their present methods and techniques of work, but conference



planners try to offer them a balanced diet, which includes consideration of broader problems and issues and opportunities to look beyond their present tasks. They believe that an individual will be a better worker or board member if he selects from each of the three major categories of subject matter -- methods and techniques, generic aspects of social welfare and broad social and economic issues.

From these annual state-wide meetings have come greater concerns for state, national and international organization and programs. They have been a stimulus to increased statewide planning and legislative action.

The forum function might be called the yeast in any statewide effort in social welfare, be it planning, legislative action or financing. Without this ingredient, the final product is meaningless and without substance.

The forum function by the present state conferences of social work is of primary importance for the exchange of experience and ideas. Forums exist in all fields, in professions, crafts and vocations; directly or indirectly they involve the welfare, progress and activity of our entire population. Through them have come broad dissemination of specific knowledge, vastly improved trade and professional practices, higher standards of ethics, advancement of research and a sincere realization of public responsibility. The forum in social welfare can make its greatest contribution if it can operate in a democratic climate with broad representation from all segments and groups within the social welfare field -- lay and professional, voluntary and governmental, allied and closely related fields -- and representation from all geographic sections of the state.

While the state conferences have been operating for over a half century, state community organization <sup>1/</sup> is a weak link in the over-all pattern of organization in social welfare. In the areas of planning and coordination, fund-raising and social action, state organization lags behind and suffers from underfinancing and lack of leadership. Effective organization on a state level has often been of limited significance.

This is a paradoxical situation since the state is in many respects our most important governmental and geographical unit for social welfare. While in recent years, the need for state community organization in social welfare has assumed increasing importance, this has been accentuated, not by internal statewide forces, but by governmental and voluntary organizations which recognize the state as an important administrative unit for national operation.

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1/ For additional material on this subject see:  
"State Community Organization in Social Welfare - A Weak Link", a  
paper presented at the Michigan Welfare League, November, 1956.

Available from Conference headquarters on request.

There are several reasons why state organization in social welfare is important and needed.

First, governmentally, the state is the basic unit of the nation, as our very name the "United States" attests.

Second, public welfare services are the major services in social welfare.

Third, effective state-wide forum activities, planning, fund-raising and social action can assist local and rural communities considerably in meeting their needs and objectives.

Fourth, state community organization in social welfare is essential to successful forum activities, planning, fund-raising and social action programs at the national level.

Fifth, a state organization for social welfare can serve as a clearinghouse for international social welfare matters.

Defining the role of a state community organization in social welfare can be done only by the individuals and organizations responsible for social welfare within a state. Universal patterns have not emerged from the many decades of experimentation and experience, and it is probable that differences will persist. The variety of configurations of the major national agencies within a state, the patterns of rural-urban services, and the quality of services will play important roles in determining the structure of the state organization.

State conferences through the creative use of the forum function can provide leadership and direction in achieving appropriate state-wide community organization for social welfare. This opportunity to lead the way is a unique and timely one - an opportunity which should challenge their imagination and resourcefulness to strengthen this weak link. <sup>2/</sup>

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<sup>2/</sup> For additional material on this subject see:

Proposal for a National Service in the Field of Statewide Community Organization.



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"Proposal for a National Service in the Field of Statewide  
Community Organization for Health and Welfare"

April 11, 1956

This item encompasses the need for help to statewide organizations that are responsible for the forum function. It presents, briefly and in a well-organized way, the reasons for the need for a national service in the field, and makes specific suggestions regarding the administration of such a service. It grew out of a conference of state representatives sponsored by the National Conference on Social Welfare, the National Social Welfare Assembly and the United Community Funds & Councils of America in New York in December, 1955.

The Role of Statewide Community Organization

In this age of specialization community organization agencies and services have an increasingly important role to play in the operation and appropriate development of the vast program of health and welfare services of this country. Essentially this role is to keep the attention of citizen leadership, of operating agencies and departments and of the community-at-large at least partially focused on the total health and welfare needs of the geographical areas in which they live and operate. This involves the development of cooperative procedures, the promotion of a more effective, more adequate and better balanced program of services and the elimination of conditions which create health and welfare problems.

The point is that all of us live in a number of different geographical communities and there is an important health and welfare community organization job to be done in each of them. There is the neighborhood, the city or town, the metropolitan area, the county, the state and the nation, not to mention the potentialities of international cooperation.

Second in importance only to the local community is the state when it comes to cooperative effort in the health and welfare field. This is clearly pointed out by Dr. Arthur Dunham in the manuscript of his forthcoming textbook as follows:

"Nevertheless, the importance of statewide community organization can scarcely be overstated. Governmentally, the state is the basic unit of the nation, as our very name, the 'United States' attests. The Federal government is a government of delegated powers; the powers not delegated to the Federal government are reserved to the states or to the people by the Constitution. The state possesses a large degree of autonomy; even in time of war or economic depression, when Federal centralization is increased, most social legislation is state legislation. The state stands

midway between the Nation and the community. Legally, the county and municipality are the creatures of the state.

"Moreover, the basic pattern today in the field of social welfare is the pattern of public welfare. In the field of public social services it is the state which plays the leading part in programs of categorical public assistance, treatment of the physically handicapped, mental health, corrections and frequently in child welfare and general assistance. Most public welfare programs which are in operation today involve one or more of the elements of state legislation, administration, leadership, supervision or support.

"It is virtually impossible to reach most rural areas with social services except by means of statewide programs. Left entirely to their own resources, too many rural counties would have neither the vision, the leadership, the cohesiveness, nor the financial resources to develop social welfare programs adequate to their needs. With statewide programs and leadership and with the possibilities of state aid and equalization plans to give proportionately greater allotments to poor or distressed counties, there is far more chance of developing something like adequate services to the rural counties. ----

"All in all, then, it is clear that on the state level, if anywhere, many of the major battles for social well-being must be fought and won."

#### The Tasks of Statewide Community Organization

The specific tasks or functions of statewide community organization can be classified in a number of ways, but any listing would include the following:

1. Conference. To provide an open forum for the exchange of experience and ideas, for education, for the improvement of standards and for the development of a sense of cohesion and unity at the state level among professional workers and laymen concerned with health and welfare problems.
2. Fact-Finding. To collect and disseminate regularly needed data in respect to needs and resources; to make studies of special problems and to develop a comprehensive long-range plan of research into which specific fact-finding projects can be fitted.
3. Coordination. To bring together representatives of statewide agencies, voluntary and governmental to serve as a channel of communication between statewide agencies and national and local organizations.
4. Joint Planning and Action. To serve as a focal point for the development of a unified opinion and a program of action in relation to common health and welfare problems. This will involve con-

vening groups of representatives of state and local interests; influencing the legislative base, the administration and the appropriations for public services; and occasionally acting as the "voice" of health and welfare interests at the state level.

5. Education and Information. To analyze and report on pending legislation and to disseminate generally information regarding health and welfare problems and the methods of meeting them.
6. Citizen Participation. To enlist and mobilize citizen interest and participation in matters relating to health and welfare and particularly in the governmental services.
7. Voluntary Fund Raising. To promote orderly and efficient methods of raising funds for voluntary agencies. Such activities may range all the way from a discussion of equitable quota systems to the operation of a state chest or fund.
8. Community Organization Consultation Service. To provide consultation service to the hundreds of small communities seeking to coordinate and develop their local health and welfare programs without professional community organization staff service.

#### Present Structure

It is generally agreed that every state needs a strong and well-equipped voluntary organization concerned with broad health and welfare planning. While Dr. Dunham estimates there may be more than 700 state agencies of 20 different types concerned with one or more aspects of community organization, there are but three types whose interests are "overall" in character. They are the state conferences of social work in practically every state, the planning bodies in some 20 states and the state chests or funds in 11 states. In some states two of these three broad functions of conferencing, joint planning and joint financing may be found in the same organization. In total, 60 to 65 separate organizations are involved.

#### National Service

A movement of this size and importance needs a national focal point for exchange of information and experience and for leadership. For many years the National Conference of Social Work has given service to the state conferences through the Association of State Conference Secretaries -- now the Association of State Conferences of Social Work. Program planning and administrative policies and practices have been the subject of annual meetings of state conference representatives; an annual directory has been published and lately there have been joint sponsorship of institutes and meetings, such as a series on social work writing this year at the Illinois, Missouri and Massachusetts State Conferences.



United Community Funds and Councils of America for many years has convened annually a meeting of the executives of state planning bodies and has given consultation service and issued publications in this field. State funds were organized on a peace-time basis in the years following World War II and accelerated by the organization of the United Defense Fund late in 1950. United Community Funds and Councils also has been the national service agency for state funds. An informal body of state fund executives has met annually to clear information and experience and to examine and evaluate policies and practices, with limited staff service from this national organization.

National agencies in the functional fields have a substantial stake in state organization. Many of them have state and regional structures; moreover these functions constitute the substance for state organization, be it through state conferences, state funds or state councils. The National Social Welfare Assembly, because of its function to relate local planning where services are carried out, with the overall planning on a national level, is the third national organization interested in statewide community organization development.

#### The December 5, 1955 Consultation

To consider the present status and future course of the whole movement, a Consultation on Problems of State Community Organization for Health and Welfare was held in New York on December 5, 1955. Sponsoring the consultation were United Community Funds and Councils of America, the National Conference of Social Work and the National Social Welfare Assembly. A total of 53 leaders in health and welfare work, representing state organization, public and private operating agencies, national agencies and the sponsoring bodies attended. Under the chairmanship of Franklin W. Wallin, prominent Michigan civic leader, the all-day session thoroughly reviewed the entire situation and adopted the following resolution:

- "1. In each state there is a real need for a special facility or facilities through which individual citizen leaders and the organized health and welfare forces of the state, both public and private, may carry on a program of joint planning, joint action and coordination of effort in regard to the total field of health and welfare.
- "2. In the interests of conservation and effective concentration of time, money and effort, it is desirable that in each state there be as unified as possible an approach to the problems of state community organization in the health and welfare field. It is recognized, however, that organizational patterns will and should vary from state to state.
- "3. The efforts within the various states to develop, strengthen and coordinate their community organization facilities and services would be aided materially if a more adequate and a more unified national consultation service were available in this field.

- "4. In the light of the above, the group authorized its chairman to appoint and to chair a small committee to develop and put into action, if possible, a plan for a more adequate and more unified national service in the field of state community organization for health and welfare. It is recognized that the implementation of any such plan will involve securing the active participation and support of a group of volunteer citizen leaders."

#### Examples of Need for Service

Following are a few specific examples taken from actual experience of the type of needs and requests which a unified and more adequate national service in the field of statewide community organization for health and welfare would be designed to meet:

1. The leaders in a state desire consultation in connection with a self-study of the structure, scope, financing and future program of their state planning body.
2. Leaders in a state request consultation on the matter of relationships between a state planning body, a state conference and a state united fund.
3. Leaders of a state conference of social work in one state and a professional association in another ask for consultation and assistance in broadening the scope and organization of their group so that it can function also in the area of joint planning and action.
4. A national agency with a large foundation grant and an experimental program to be developed in a few states ask for help in selecting the states and working out relationships with the proper state organizations.
5. A state requests information on how another state handled a study of the problem of aging. Still another state seeks the experience of others in developing a legislative program.
6. A state is seeking to develop a state fund or a state service to local community organization from a struggling state association of chests, funds and councils and wants help.
7. The professional executives of existing state organizations want to meet together to exchange experiences and want to receive periodic information and reports to help them in their work.
8. A state fund asks for assistance in connection with a series of regional conferences for the lay leadership of small town community chests and united funds.

### Types of Service

Thus it follows that such a national service would need to offer the following program of activities:

1. Convene additional consultations on statewide community organization problems, publish materials and in other ways promote general interest in this field of work.
2. Provide expert consultation service to the leaders of existing state community organization bodies on their problems of organization, operation, relationships and future development.
3. Provide expert consultation service to leaders considering the establishment of state community organization bodies or services.
4. Promote sound working relationships between state community organizations and public and private national agencies in the various functional fields.
5. Operate an information service regarding state community organization developments, including the publication of a directory, preparation of articles for the Social Work Year Book, etc.
6. Develop statements of principles, functions and scope of statewide community organization.
7. Make studies and issue reports on the practices of state planning bodies, state funds and state conferences of social work.
8. See that facilities are provided for the regular exchange of information and experience among professional workers in the state community organization field.
9. Coordinate the specialized activities of the National Conference of Social Work, the National Social Welfare Assembly and United Community Funds and Councils of America in this field.

### Sponsorship

The project would be jointly sponsored by the National Conference of Social Work, the National Social Welfare Assembly and United Community Funds and Councils of America, which organizations would agree on a general statement of purposes and policies.

### Auspices

An advisory committee of 30 to 35, consisting of approximately half lay and half professional members would be established to be representative of:



1. The three sponsoring bodies;
2. The different types of existing state organizations;
3. Voluntary and governmental health and welfare agencies;
4. The public at large.

#### Administration

The project would require the services of a well-qualified director, an assistant and the necessary office, clerical, travel and printing expense. The gross expense would be \$40,000 to \$50,000 per year and the project should have assurance of financing for a five-year period.

One of the three sponsoring organizations, United Community Funds and Councils of America, would undertake to administer the project, which would involve employment and direction of the staff as a part of its regular operations.

The following would seem to be an approximate annual budget:

Professional Salaries	\$22,500
Clerical Salaries	4,500
Retirement, Social Security and Benefits	2,000
Travel	5,000
Printing & Publications	5,000
Rent and Office Expense	3,000
Equipment	1,000
Total	\$43,000

#### Financing

The three sponsoring organizations would not reduce the amount of staff service now being given to activities in this area and in addition a small portion of the project budget might be handled by gifts in kind of office space, etc. Practically the entire budget of the project, however, would have to come from new sources of funds. While the existing state organizations may be able to make some contributions, their number one problem is financing their own operations. Community organization services are notoriously difficult to finance because of their lack of appeal to the general public.

A foundation grant would seem the most likely source of the principal financing and the project offers an unusual opportunity for some foundation to make an important contribution at a very strategic time.



"State Community Organization in Social Welfare - A Weak Link"

by Joe R. Hoffer

Presented at the Michigan Welfare League, Wednesday, November, 28, 1956

This paper supplements the item that immediately precedes. It draws heavily on materials prepared as background materials.

State community organization is a weak link in the overall pattern of organization in social welfare. In the areas of forum activities, planning, fund-raising and social action, local, national and international organization has moved ahead of the state level which suffers from underfinancing and lack of leadership. Effective organization on a state level "has often been either totally absent or its influence has been of limited significance." — State conferences of social work have made a significant contribution in performing the forum function - a function which is essential to planning, fund-raising and social action.

What do we mean by state community organization in social welfare? Why is it so important? How can we achieve effective state organization? And finally, how should it fit into the overall pattern of forum activities, planning, fund-raising and social action? In providing some answers to these questions I plan to draw heavily on the materials prepared by Arthur Dunham and the staffs of the National Conference on Social Welfare, the National Social Welfare Assembly and the United Community Funds and Councils of America for the Consultation on Problems of State Community Organization for Health and Welfare held in New York City on December 5, 1955.

What do we Mean by State Community Organization in Social Welfare?

State community organization in social welfare results when people of a state, as individual citizens or as representatives of groups, join together to determine total social welfare needs, plan ways of meeting them, and mobilize the necessary resources. The focus of the effort may be a functional field of social welfare, for example, adoptions, or a geographical area, such as a district, several cities or counties. Its principal aim is to bring about and maintain adjustment between total needs and total social welfare resources in the state. The term "state community organization" in this discussion is interpreted to include concern for all social welfare services and not the specific programs such as crippled children or mental health, where there is a large promotional component in the job.

Social welfare is used to describe the "field" encompassing the community services under public or voluntary auspices, which exists potentially for each member of the community, without regard to his resources, with the aim of helping him live a productive and happy life. Boundaries between social welfare and related fields - education, government, religion, health, to name a few -- are indistinct. However, it does not seem essential nor even wise at this time to define precisely the exact boundaries of social welfare.

Social work is used to designate the professional core of social welfare. Here again, it is not possible to define the boundaries of social work but this remains the principal task of the new National Association of Social Workers and the Council on Social Work Education. However, the other forces and functions within the social welfare field have a contribution to make as well in defining social work practice.

### The Background of Statewide Community Organization

In spite of its importance, statewide community organization in social welfare is of fairly recent growth. In governmental services the first "state central authority" was the Massachusetts State Board of Charities in 1863; and then the Ohio Children's Code Commission, the first of the children's commissions in 1911. The Illinois Department of Public Welfare was the first modern state welfare department in 1917, and fourteen years later the New York Temporary Emergency Relief Administration was established, the first of the state emergency relief administrations in 1931. The passage of the Social Security Act in 1935 stimulated the widespread reorganization of state systems of public welfare throughout the country.

On the side of voluntary organization, we may go back to three developments in the 1870's and 1880's: the founding of the New York State Charities Aid Association in 1872; the establishment of the National Conference of Charities and Corrections (now the National Conference on Social Welfare) by representatives of the state boards of charities in 1873; and the organization of the Wisconsin Conference of Social Work in 1881 (now the Wisconsin Welfare Council).

Between 1880 and 1940 there were several important developments. State conferences spread to almost all the states; some conferences moved in the direction of becoming year-round "action" bodies, with full-time executives; and an association of state conferences was organized as early as 1924. Statewide citizens associations were established in a few additional states; councils of statewide agencies were organized in a number of states in the 1920's, but did not survive; and a large and uncounted number of statewide promotional and community organization agencies came into existence in such fields as tuberculosis control, social health, crippled children and adults, mental health, and so on.

As far back as the 1920's (possibly even earlier) there were some signs of recognition that the same process which was called "community organization" on the local level might be practiced on the state, national and international levels also. The Lane Committee report on "The Field of Community Organization," at the 1939 Annual Forum of the National Conference made this recognition explicit, and Russell H. Kurtz amplified and illustrated this idea in his 1940 Annual Forum paper on "The Range of Community Organization." Julia Henderson has described recently the use of the concept of community organization in foreign settings. "The term community development," she said, "has come into international usage to connote the processes by which the efforts of the people themselves are



united with those of the governmental authorities to improve the economic, social and cultural conditions of communities, to integrate these communities into the life of the nation, and to enable them to contribute fully to national progress. "

"This complex of processes," she continued, "is then made up of two essential elements: the participation by the people themselves in efforts to improve their level of living with as much reliance as possible on their own initiative; and the provision of technical and other services in ways which encourage initiative, self-help and mutual help and make these more effective. It is expressed in programs designed to achieve a wide variety of specific improvements. " 2/ This concept of community organization has in my opinion much to offer to state-wide organizations.

#### Why Is State Community Organization in Social Welfare Important?

In recent years state community organization in social welfare has assumed increasing importance. Its importance, however, has been accentuated, not by internal statewide forces, but by external governmental and voluntary organizations which recognize the state as an important administrative unit for national operations.

"It is highly probable that there are not less than 700 statewide agencies concerned with community organization to a greater or less degree, and it is possible that the number may exceed a thousand. " 3/ This fact alone highlights the need for state community organization in social welfare - that is, an overall organization of all major social welfare interests in a state to meet the multiple social and health needs within the state.

Federal programs are predominately state-centered. Programs such as child welfare, public assistance, public health, emergency welfare services for civil defense are now major social welfare concerns.

National voluntary organizations look expectantly to states for assistance in decentralizing their operations and to tap state resources for financial and program purposes. One of the most fertile fields for state level activity is the improvement of the quality and quantity of local community organization in social welfare.

These factors suggest several reasons why state organization in social welfare is important and needed.

First, governmentally, the state is the basic unit of the nation, as our very name the "United States" attests. The federal government is a government of delegated powers; the powers not delegated to the federal government are reserved to the states or to the people by the Constitution. The state possesses a large degree of autonomy even in time of war or economic depression, when federal centralization is increased. The state stands midway between the nation and the community. Legally, the county and municipality are the creatures of the state.

Second, public welfare services are the major services in social welfare. The state plays a predominate role in such programs as corrections, physically and mentally handicapped, mental health, child welfare, medical care and income maintenance.

Third, effective statewide forum activities, planning, fund-raising and social action can assist local and rural communities considerably in meeting their needs and objectives. Since many of the basic welfare programs are either state administered or financed, local governmental and voluntary services are greatly influenced by these state services. "Social welfare service of rural communities has been called 'the last frontier of social work'. . . With the recognition of social disorganization, insecurity and urbanization in rural communities, more rural social services are being called for and organized." 4/

Four, state community organization in social welfare is essential to successful forum activities, planning, fund-raising and social action programs at the national level. National programs in these areas need a sounder and more efficient foundation than can be provided in the present local-national relationship. The dividends from the presence of a strong link between state and national would be significant.

Fifth, a state organization in social welfare can serve as a clearinghouse for international social welfare matters. There is a growing awareness that there is a common core to social work as practiced in all parts of the world. One evidence of the coming of age of international social work is the fact that the United Nations has recognized social work as a form of professional service to be performed throughout the world.

Here is an opportunity for a state organization to serve as a channel for the exchange of international experience between such organizations as the International Conference of Social Work, the United Nations and organizations within the state.

#### How Can We Achieve Effective State Community Organization in Social Welfare?

Defining the role of a state community organization in social welfare can be done only by the individuals and organizations responsible for social welfare within a state. Universal patterns have not emerged from the many decades of experimentation and experience, and it is probable that these differences will persist.

The nature of the social welfare field and the presence of problems due to various autonomous units - governmental and voluntary - make state administration a difficult task. Configuration of the major agencies, lay leadership, patterns of rural-urban services, and the quality of services will play important roles in determining the structure of the state organization.

#### What Are the Major Functions Which Need To be Performed in a State?

A study of the various types of statewide agencies and programs suggests

that for the area of state community organization in social welfare we may lay down the general principle that getting certain functions performed is more important than the precise agency patterns or forms of organization that are used to do the job. The major functions which need to be performed on a state include:

1. The Forum function

The forum function performed by the present state conferences of social work is of primary importance for the exchange of experience and ideas, etc. Forum activity is essential in our social heritage today. Forums exist in all fields, in professions, crafts and vocations; and directly or indirectly they involve the welfare, progress and activity of our entire population. Through them have come broad dissemination of specific knowledge, vastly improved trade and professional practices, higher standards of ethics, advancement of research and a sincere realization of public responsibility. The forum in social welfare can make its greatest contribution if it can operate in a democratic climate with broad representation from all segments within the social welfare field.

2. The Planning Function

Joint planning in statewide problems is the acid test of much community organization effort. Planning requires research and social studies which includes the systematic collection and dissemination of needed data in respect to needs and resources, the making of special surveys and studies. It also includes development of a comprehensive long range plan of research into which specific fact-finding projects can be fitted.

Coordination and integration of effort is required - between the statewide agencies, governmental and voluntary themselves, and between statewide bodies and national and local organizations. For voluntary statewide agencies one prime requirement is the constant maintenance of an adequate liaison with state governmental agencies in the same or related fields.

3. The Social Action function

Social action was defined recently as "efforts to bring about change or prevent change in current social practices or situations, through education, propaganda, persuasion or pressure, other than physical coercion, in behalf of an objective believed by the social actionists to be socially desirable. Ordinarily social action involves organized efforts to influence public opinion or official policy, through such activities as propaganda, promotion of legislation, persuasion, exertion of social pressure, and enlistment of the support of groups or individuals." 5/



Legislative analysis, reporting, and promotion is an immensely important function. Every state needs competent analysis and prompt reporting of current social welfare bills, during every legislative session; every state needs, moreover, a rallying point for promotion of or opposition to specific legislative proposals.

4. Fund-raising and Budgeting

Joint financing and allocation of funds for voluntary agencies should also be performed on the state level. The benefits of joint financing are not likely to be gained for smaller communities or counties with scattered populations without some statewide joint financing organization. It is probably also true that state chests or similar agencies may play an important role in working out the difficult problems of methods of fund-raising and the applicability of joint financing to the important national programs of agencies concerned with health and other aspects of social welfare. State funds are already in operation in several states.

Experimentation in this area is likely to continue, with increasingly important results.

All of these four functions are needed in every state and provisions should be made to provide them in one or more agencies. Since a state department of public welfare has legal limitations and should not be expected to assume major responsibilities for these functions, a voluntary statewide organization with representation from both the voluntary and public social welfare agencies may be more appropriate and effective. The membership base of this organization is of extreme importance and must be carefully considered.

What Should be the Membership Base?

There are various types of memberships which may be considered for statewide organizations. Four major types will be discussed briefly:

1. Individual (Individual and Organizational)

It is a universal rule that membership in a state forum body is open to any individual or organization interested in the purposes of the organization. Such an "open door" policy implies that the organization should represent the entire field of social welfare and all its segments. Membership in such an organization should be interpreted, furthermore, as supporting the organization rather than merely attendance at an annual meeting.

2. Organizational (delegate representation)

It is conceivable that a statewide organization could be established on a delegate or council basis such as a local welfare council or the National

Social Welfare Assembly. In this method of representation, the decisions generally are not binding on the organizations which make up the Council.

3. Organizational (official representation)

A statewide organization may be organized by having official representation of governmental agencies with representatives of the voluntary organizations serving as observers.

4. Geographic (District or County representation)

A fourth type of membership of a statewide organization which might be considered is on a geographical basis. In this type of membership the statewide organization would have to have a district or county organization or have its membership composed of representatives from district or county organizations.

The predominant type of membership existing in state community organization in social welfare is on an individual membership basis - as individuals and organizations. It is obvious that by and large the forum organizations are composed of and dominated by social workers. However, every forum group has reported that it is seeking more laymen. Many planning organizations, on the other hand, have a substantial base of citizen members. While it is impractical to suggest a formula of membership for all states, it is obvious that a balance must be secured.

Criteria such as the following might be considered by an individual state. The membership should include:

1. Representation from all areas of social welfare - social work, corrections, rehabilitation, recreation, medical care and other related areas;
2. The major voluntary and governmental agencies;
3. Substantial number of informed citizens interested in social welfare;
4. Specialists in each of the major areas of social welfare;
5. Representation from allied and closely related fields - education, religion, health, etc.;
6. Representation from all geographic sections of the state.

If we accept these criteria, it suggests basically a citizen organization with specialists contributing their skills and experiences in meeting the social needs within a state. The organization may wish to consider several types of member-

ships suggested to meet special situations and achieve specific goals.

How should a state organization be financed?

It was fashionable, and incidentally a very sound principle, at one time to believe that a state organization should be supported entirely through individual memberships. Token memberships were tolerated but not sought from organizations. Costs of administrative services - printing, paper, postage and clerical staff -- were sufficiently low so that an organization could secure sufficient funds from a \$3.00 membership fee. Now conditions have changed and it may cost more to service a member than the usual income received from his dues. Since the individual return is so small, memberships have become the most expensive method of raising funds.

This does not change our basic principle that individual memberships should form the basic foundation of the organization. It does mean that we are not thinking of memberships as a major source of funds but as a means of providing democratic participation and control.

Perhaps a brief analysis of the income of 48 state conferences of social work will be helpful in providing some insight into the future financing of state organizations. From reports received by the NCSW in 1950, 1952 and 1955, it is estimated that the total income in 1956 will be approximately \$300,000. distributed as follows:

Membership fees (individual and organizational)	55%
Community chests and other federated plans	13%
Institute fees	8%
State Welfare Departments	2%
Other sources, including registration fees	<u>22%</u>
	100%

Let's look at the sources of income. Membership fees from both individuals and organizations represent only 55% of all income. Figures for 1955 reveal that organizational memberships have increased and there exists a potential income from this source. It is apparent, however, that a state organization cannot depend entirely on individual membership fees. If it does, the organization will have to give excessive attention to membership promotion for budgetary reasons or reduce the professional staff. In either case the program suffers and the organization is unable to achieve its goals.

Contributions from community chests and other federated plans are a fairly new source of income for state organizations. Increasing support from local federated groups should be expected and is justified for statewide community organization.

It is surprising that state welfare departments contribute such a relatively small percentage to state conferences of social work. A partial answer is that leaders in the state conference movement have been fearful that if a conference received funds from the state welfare department, the conference could not be critical of the public services or assume leadership in controversial legislative matters. It is recognized, of course, that this is a possibility, but it should not rule out considerable financial support from this source.

Some state organizations have secured funds from foundations for special projects and interim support of their basic programs. These are appropriate requests for foundation assistance. However, an organization should have regular basic sources of support in order to benefit fully from the customary foundation grant. There is precedent for foundation support of a program until regular basic sources of support can be developed.

Some state organizations are also securing corporation memberships and contributions from business concerns as well as from civic and fraternal groups. If we were to venture a principle, it would be that the financing of a state organization should be on a broad base including, if possible, funds from all these sources.

How Should the State Organization in Social Welfare Fit into the  
Overall Pattern of Forum, Planning, Fund-raising and Social Action?

Any state organization in social welfare is in a strategic position to be the most important link in forum activities, planning, fund-raising and social action -- local and state, state and national, state, national and international and any other relationship which may exist or seem necessary. Here are a few of the problems <sup>6/</sup> on which much could be done at the state level.

1. Creating public understanding of the basic character of social work

Social work has inherited some basic attitudes from the past which continue to haunt us. The early attitude toward poverty - as expressed by the framers of the English Poor Law Revision of 1834 - was that the plight of the poor was evidence of moral weakness to be eradicated by severe administration of relief. Americans have held to the older traditions longer than they survived in the parent country.

The attitude that anyone can do an acceptable job in social work, that is anyone with common sense and a service motive, has survived for many years and needs to be discredited, along with the others if we are to make progress.

Education and interpretation is an essential aspect of the community organization process on the state level as on the local, national and international levels.



2. Securing maximum benefit from both citizen participation and professional contribution

The nature of the social welfare field requires that there be a partnership between active laymen and professional social workers. Social welfare is everybody's business.

We must have a sound partnership built on mutual understandings, mutual respect and an acceptance of responsibilities. Laymen must recognize the technical knowledge and skills which professional social workers possess and should permit them to discharge their responsibilities and obligations without unnecessary restrictions. The professional social worker must recognize the paramount role of the laymen in policy determination and welcome them without reservation as an equal partner.

The enlistment and mobilization of citizen interests and participation should be of major concern to a state organization.

3. Meeting personnel shortages

Today, the demand for personnel exceeds the supply. During the 83rd Annual Forum of the NCSW considerable attention was given to the problems of the chronic shortage and more effective utilization of personnel. Major emphasis was on ways and means of meeting this increasingly grave problem. Shortage of personnel is not a temporary one and social work can no longer put off the day of solving this vexing and troublesome problem.

There have been two proposals made for relieving the acute shortage of social workers - proposals which a state-wide community organization might well consider.

The first proposal is that "United funds and federated appeals in each community should include in their campaign goals, an item (one percent of the total annual contribution) earmarked for deserving youngsters interested in social work - for both undergraduates and graduate work. " 7 /

The second proposal is that "money for salaries allocated by the united funds and chests to member agencies which cannot be spent because qualified personnel are not available should be used for fellowships. " 8 /

4. Developing leadership in social statesmanship

In 1956, the two great forums, our own Annual Forum, and the growing, exciting international forum (the ICSW, patterned after our own Conference) stressed the major challenges of change. These major challenges included positive peace, civil liberties and equality of opportunity, auto-

mation and mechanization, suburbia with the changing population composition, meeting serious gaps in our present program and prevention.

These challenges are not necessarily the only ones we face, but I believe they are among the most important ones which we must be concerned about over and above the technical problems which we face in our day by day work.

A state organization is in a unique position to develop leadership in social statesmanship and help meet our obligations and responsibilities in a changing world.

5. Appraising and adapting services to the changing character of our population, family structure and community changes in both rural and urban areas.

Population movements and changes are important to social planning. Services must be located where people can use them and must be adequate to meet the needs. Problems of administration and financing will increase and become more complicated. Many suburbs cannot finance the many different services available in larger communities. Therefore, more generalized services are needed because programs specializing in narrow service areas or for specific age groups would be wasteful and extravagant. National agencies and local autonomous agencies in large communities must explore new methods of cooperation to meet this new challenge - the dual challenge of meeting the social needs of peoples living in suburbs and of our increasing population, especially among the children and older citizens. A state organization can provide vital leadership in this twilight zone of agency and community relationships.

6. Meeting Serious Gaps in Our Programs

There exist many serious gaps in our present social welfare services. These include racial and cultural integration, additional services for the juvenile and adult delinquents, for the mentally retarded children, for the physically and mentally ill, and other needed services for individuals, groups and communities. It should be evident that the state holds the key in meeting many serious gaps in our present social welfare services.

7. Correlating social with physical planning and public fiscal policy

Social planning should not take place in a vacuum. Social planning should be correlated with physical planning and public fiscal policy. Only in this way, with appropriate research, can effective plans for action for meeting the welfare needs be developed.

Conviction has grown in recent years that research of the scope and caliber required to achieve this goal can best be undertaken in a research

center, independent of, but in cooperation with, operating agencies. This research should be related closely to a graduate school of social work and financed in a manner that will facilitate long-term efforts and encourage comprehensive projects.

A state organization can promote such a center and organize a Research Council <sup>9/</sup> which would serve as a repository for pooled funds from foundations, individual gifts and monies set aside by agencies out of their regular budgets at a fixed percentage. This Council would then allocate funds, supply consultation and assure technical review of studies.

A plan for a more adequate and united national service to states in the social welfare field is being considered by three national organizations which have been active in forum, planning, and financing and social action. The plan calls for the National Conference on Social Welfare, the National Social Welfare Assembly and the United Community Funds and Councils of America to sponsor a service to state organizations which will help them with these problems as well as their problems of organization, operation, relationships and future development.

In conclusion:

I have tried to emphasize the importance of state community organization in social welfare and the need to give it greater attention. I have tried also to suggest specific projects and considerations which can be performed at the state level. The three interested national organizations are showing their concern by trying to launch a vital national service. Support, however, is needed at the state and local levels.

We all realize that problems in states vary widely, as do needs, structure, etc. This is no reason for doing nothing. We are not looking for a single pattern for nation-wide application, but for knowledge, principles and methods which will be helpful in all states.

The opportunity for a state organization to lead the way is a unique and timely one - an opportunity which I hope will challenge your imagination and resourcefulness to strengthen this weak link.



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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific requirements for record-keeping. It states that all transactions must be recorded in a timely and accurate manner, and that the records must be maintained for a minimum of five years.

3. The third part of the document discusses the role of the auditor in verifying the accuracy of the records. It states that the auditor must perform a thorough review of the records to ensure that they are complete and accurate, and that any discrepancies must be identified and resolved.

4. The fourth part of the document discusses the consequences of failing to maintain accurate records. It states that failure to comply with the requirements may result in the imposition of penalties, including fines and imprisonment.

5. The fifth part of the document discusses the importance of training and education for personnel involved in record-keeping. It states that personnel must be properly trained and educated to ensure that they are able to perform their duties accurately and efficiently.

6. The sixth part of the document discusses the importance of internal controls in preventing fraud. It states that internal controls must be designed and implemented to ensure that the risk of fraud is minimized.

7. The seventh part of the document discusses the importance of communication and cooperation between all parties involved in the financial system. It states that effective communication and cooperation are essential for the successful operation of the system.

8. The eighth part of the document discusses the importance of regular audits and reviews. It states that regular audits and reviews are necessary to ensure that the system is operating effectively and to identify any areas for improvement.

9. The ninth part of the document discusses the importance of transparency and accountability. It states that all transactions must be transparent and accountable, and that the results of the audits and reviews must be made available to the public.

10. The tenth part of the document discusses the importance of ongoing monitoring and evaluation. It states that the system must be continuously monitored and evaluated to ensure that it remains effective and efficient.

C. The International Conference of Social Work

The ICSW - One More Link

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Chile	Korea	United States
Denmark	Lebanon	Uruguay
Egypt	Malaya	Venezuela
Finland	Mexico	Yugoslavia

### United States Participation

in this important international work is carried out by the U. S. COMMITTEE, a semi-autonomous unit within the National Conference on Social Welfare.

The U. S. Committee works to stimulate interest in this country in international social welfare through sponsoring meetings at the Annual Forum of NCSW and on other occasions. Through subcommittees, it also:

- Prepares a report of our national experience on the theme of each biennial Conference;

- Develops a pictorial exhibit on U. S. social welfare for display at the site of the meeting;

- Selects U. S. participants for program assignments in the Conferences;

- Distributes a summary of the highlights of each Conference to all ICSW Associates in the U. S.

Furthermore, through its two representatives on the Permanent Committee (the governing body of ICSW), the U. S. Committee expresses the interests and views of the U. S. concerning the future activities of the Conference.

### Become an ICSW Associate Today

The member countries of the ICSW contribute to its support on the basis of annual quotas. Most of the U. S. quota is raised through the fees paid by ICSW Associates - both individuals and agencies.

By becoming an Associate you will be contributing to U. S. support of the ongoing program of the ICSW. At the same time you will receive regular mailings from the U. S. Committee which will keep you informed about ICSW activities - future biennial meetings, study tours and related matters.

Join the group of individuals and organizations that are expressing their interest in the growing field of international social welfare by becoming an ICSW Associate.

Use the convenient form on the next page.

"A Report of the Xth International Conference of Social Work held in Rome, Italy, January, 1961, with Recommendations for Strengthening the Work of the ICSW"

By David Smith  
Barrie, Ontario, Canada  
Consultant to the ICSW

In two parts:

- Part I - Recommendations
- Part II - Summaries of Written Comments of Delegates

This study was made as a result of recognition by the staff of the ICSW of the need for critical self-study to improve conference procedures. The recommendations are being reviewed by the ICSW National Committees and the Executive Committee and it is expected will be used in planning for the conferences in the present decade.

Twenty-five hundred men and women from every part of the world met at the Tenth International Conference of Social Work in Rome last January. They were lay and professional workers concerned with the well-being of the world. Throughout all the sessions there was a strong sense of dedication and purpose, expressed most strongly in the memorial lecture for Rene Sand, founder of the Conference, but everywhere felt. The dedication is to the cause of peace and a sane, happy world, and the purpose is to guarantee that the contribution of social work to such a world will be significant.

The International Conference of Social Work is independent of the governmental or voluntary agencies of any country and derives its support from its thousands of members organized in National Committees in thirty countries of the world. The methods of work the Conference uses are a recognition not only of the interdependence of the peoples of the world but of the need for them to learn from one another in the development of policies and program. Leadership of the Conference, speakers, Commission and Study Group leaders, officers - comes from many countries. National Committees in member countries make careful preparation of materials related to the Conference theme. Commissions with representation from member countries meet at the Conference to develop recommendations on major issues related to this theme. Of prime importance to many delegates is the opportunity the Conference offers to meet with colleagues from other parts of the world, to share with them ideas and experience, gaining new insight into human problems, and renewing courage and faith.

A New Venture

At the Tenth Conference in Rome, the ICSW embarked on a relatively new



venture, a study of its own operations in order to develop better ways of preparing for, and conducting the Conference. This project was made possible by the generosity of Mrs. Douglas Henderson of King, Ontario, Canada, and the Tippet Foundation of Toronto, Canada, who share the concern of the International Conference for improving human communication throughout the world.

The study was a reflection of the feeling that although many conferences, national and international are held, few of them achieve their potential in terms of growth in understanding on the part of the delegates and impact on the community, and that this fact is related to inadequacies in the planning and conduct. Although there are many barriers to good communication, there are also many things that can be done to break through the barriers, and doubtless many more things can be developed. But although we all have so heavy an investment in conferences, we tend to tag along in the well-worn but inadequate patterns unless we make a special effort to apply what we know and start developing new devices to increase effectiveness. The study was a move in that direction.

The study focused on the Pre-Conference Working Party, the Commissions and Study Groups, with some attention given to the plenary sessions. The methods used were observation of all sessions of the Working Party, of some of the Commissions, Study Groups, and plenary sessions, together with post-meeting reaction forms used after each Study Group meeting, and a written evaluation completed by members of the Working Party and the Commissions after the sessions were over. In the case of the Study Groups the forms were tabulated after each meeting and the results given to the leadership group prior to the next meeting of the Study Group.

The Pre-Conference Working Party is a device, originated by the officers and staff of the ICSW prior to the Tokyo Conference (1958) to compensate for lack of full-time secretariat. <sup>1/</sup> The Pre-Conference Working Party met for six days, twelve days ahead of the opening of the Conference in Rome. Meetings of the Executive Committee and the Permanent Committee continued for five days immediately prior to the Conference.

Membership of the Working Party was made up of persons nominated by the National Committees of member countries and four selected representatives of associated international organizations, plus the ICSW staff. The purpose of the Working Party has been to prepare a Conference Document based on the National Committee reports. The Conference Document is designed to assist delegates attending the Conference, both in Commissions and Study Groups, and to be useful beyond the Conference itself to many others. There were approximately 30 persons attending the Working Party sessions.

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<sup>1/</sup> The Conference has no full-time staff. It has a part-time Secretary-General, two part-time Assistant Secretaries-General in Paris and Bombay, and a part-time Executive Officer located in New York.

The Commissions are made up of two persons named by each National Committee to consider special aspects of the Conference theme and prepare a report. These reports, although not debated or approved by the Conference, constitute authoritative documents and represent the best thinking of experienced persons in the field of welfare.

The Study Groups are made up of persons who elect to attend them and are formed on the basis of interest in a topic. No formal reports are expected from the Study Groups. The interest here is in sharing ideas and experience on a more informal and personal basis than in the Commissions.

There were six plenary meetings at Rome, two each on the 2nd, 3rd, and 4th mornings of the Conference. These were in addition to the opening and closing plenary sessions, one session in which the Commissions reported to the Conference, and the Rene Sand Memorial Lecture. The six plenaries are expected to provide stimulation and information to the delegates for use in the Commissions and Study Groups.

#### Problems

The Conference has had a number of problems, none of them dissimilar to the kind of problems other conferences have. First, there is the language barrier. The Conference has two official languages, French and English, but when the Conference meets in Italy or Germany or Japan or Brazil, clearly there are those attending the Conference who do not speak either of the official languages. To remedy this situation the National Committee of the host country usually arranges for additional translators, and in Rome the German National Committee also arranged for translation into German for its delegates. Translation is a complicated problem and the Conference approaches it in much the same way as other conferences do.

A second problem is the provision of printed materials in sufficient quantity and sufficiently far in advance to make effective use possible by members of Commissions and Study Groups. The relevant sections of the reports of National Committees are made available to Commission chairmen and members but delays in submitting the reports and naming members make this operation something less than adequate. The Conference Document prepared by the Working Party has been made available in both French and English at the registration desk. None of the addresses made at the plenary sessions were available in Rome.

Preparations for the Commissions and Study Groups vary. Some chairmen bring carefully prepared agendas and material, in others the preparation is less than complete. In none of the Study Groups has any material been available to the delegates ahead of time, or even, in some cases, to the other members of the leadership team, the vice-chairman and rapporteur. Another, and common problem has been the availability, or lack of it, of skilled leaders for the discussions. A further complication here is that there are cultural differences in what is expected of a chairman in such meetings. Translators are provided



in Commissions but not on an official basis in Study Groups.

### Recommendations

The recommendations which follow are an attempt to apply to the conduct of the Conference and its planning, some of the things we know about how people learn, to distinguish somewhat more sharply the functions different kinds of sessions are expected to serve, to relate the conduct of the sessions to their purposes, and to draw attention to the fact that although a conference is a community existing but for a short time it has a social life which should be given careful consideration in the planning. The recommendations are also based on the notion that good communication is a function of structure as well as of the words we use and devices for translating them, and so some of the recommendations are designed to achieve greater integration of the component parts of the Conference. The recommendations are also designed to push ahead the training of leaders and delegates in the arts of discussion. This is an area of skill central to the success of conferences but not very highly developed in most of us. We cannot acquire these skills all at once but we can make a beginning. Finally, in these recommendations I have tried to suggest things that can be done within the existing structure and pattern of the ICSW.

1. The Pre-Conference Working Party is an excellent device and has many advantages over the kind of preparation that would ordinarily be made by a paid secretariat. A principal recommendation is to consider the Working Party as taking over from the Program Committee and completing the preparatory work for the Conference.

The Working Party should continue to have representation from each member National Committee but should include all the chairmen of the Commissions and as many of the rapporteurs and vice-chairmen as possible. Acceptance of the responsibility for chairing a Commission should carry with it acceptance of the responsibility for attending the pre-Conference Working Party. 2/

The duties of the Working Party should be extended. It should convene two weeks ahead of the Conference, as was done for the Tokyo and Rome Conferences, but should continue to meet right up to the opening of the Conference. This would exclude members of the Executive Committee and exclude staff members during the second phase, but wider distribution of responsibility throughout the Conference membership would be a gain.

During the first period the Working Party should, as now, prepare the Conference Document. During the second period the Working Party should concentrate to preparations for the Commissions. This should

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2/ National Committees would be expected to name to the Working Party Commission leaders selected from their country.

include the preparation of agendas for the Commission meetings, identifying the relevant material in the National Reports, the Conference Document, and the texts of the plenary addresses or papers, and reviewing from the registration forms the experience of Commission members so that this experience could be used most effectively in the Commission meetings.

All of this preparation for the Commission would be aimed at facilitating discussion by setting out a reasonable agenda and identifying the contributions likely to be made to the discussion from the written materials and the experience of the members. This kind of preparation would also focus attention on the need for skilled leadership as well as lay the foundation for it by careful preparation.

There is some tendency to choose chairmen for Commissions in terms of their knowledge of the topic rather than their skill in leading discussion. To some extent this has been thought of as a way of shoring up possible lack of experience among representatives from countries with a relatively short history of welfare activities. If, in the opinion of the Program Committee, any Commission needs more information than is likely to be available in the reports of National Committees, then it appears to me this material should be fed into the Commission meetings through special papers prepared in advance.

It is difficult enough to chair a session of this kind when the participants speak one language and have similar backgrounds, but with the added difficulties of language and differences in culture to expect a chairman both to be a resource person on information as well as to handle the discussion is asking too much. It is also questionable whether the long-term objectives will be achieved if the Commissions are seen as a special kind of teaching situation. Presumably, the National Committees send their most experienced and competent people to the Commissions and the learning that each of them does is from the exchange of opinion and knowledge. The product of the Commissions secured in this way will be more valuable than a product that might by some be thought "better," but produced as the result of having a very knowledgeable chairman.

2. Study Group members indicated problems similar to those of Commissions, namely inadequate prior opportunities for preparation, inadequate leadership in discussion, and lack of firm agendas. These complaints were not all voiced in all Study Groups but these were the over-all problems.

One principle that was used at Rome might be extended. This was to ask some of the associated international organizations to accept responsibility for handling a Study Group topic. This makes preparation of materials ahead of time possible and is likely to result, as it did at Rome, in the careful preparation of an agenda for the meetings. This

principle might be extended to National Committees and a number of them invited to accept responsibility for preparing for selected materials in advance, and making sure a firm agenda was prepared.

In addition to making these advance preparations for the Study Groups, arrangements should be made for the Study Group leaders to meet during most of the first day of the Conference. This meeting should be attended by the Chairman of the Program Committee and the Chairman of the Working Party, who would be expected to review the Conference document. The Study Group leaders would then have a chance to review the registrations for their groups and get some idea of the contributions that might be expected from the members. Since it is unlikely that the leaders of all the Study Groups will all have had a chance to meet and discuss their plans, this day should be set aside for this purpose.

Since the Study Groups are designed for informal, personal discussions, registration should not be allowed to exceed twenty-five in any one group. If necessary, additional Study Groups should be formed to accommodate additional registrations and space found for them. With the full day set aside for briefing of Study Group leadership, as suggested above, the new leaders would have an adequate chance for preparation.

3. The plenary sessions are expected to provide information, stimulate thought, and inspire. These are legitimate objectives but achievement of these purposes needs more planning than is usually given. For one thing, if plenary meetings are designed to provide information for use in the Commissions and Study Groups, they should at least be held prior to Commission and Study Group meetings.

There are a number of recommendations with respect to the plenary sessions:

- a. The method of presentation should take more cognizance of the purpose of each meeting. If the purpose is to stimulate thought, then the presentation should be designed to achieve this. Thinking is the process of clarifying, modifying, and extending ideas. If we want to stimulate this kind of process we should plan the session to accomplish this end. Getting a "provocative" speaker is the usual way, but such a speaker may stimulate more heat than light. In any event, the exchange and modification of ideas is the object. It might be better to have two or three equally able men discuss from two or three different points of view the issue about which we wish to have people think.

If we are planning on a plenary session in which new or very important ideas are to be brought to the attention of the delegates, it would be better to have the paper presenting the ideas distributed

at the registration desk, have the delegates in the Commissions and Study Groups formulate questions, and then have the speaker deal with these questions rather than read his paper. In a literature society we should assume that people can read and to spend 2500 man-hours having someone read a paper is a fantastic expenditure of time for the results achieved.

Plenary sessions should not be used to supply information at all. Information can be better supplied in written form. On the other hand, how the information is to be applied, how the facts are to be interpreted, is an appropriate exercise for a plenary session. Such a session can be conducted using written questions from groups, as suggested above, or from individuals, or through some variety of panel discussion.

- b. The number of plenary sessions should be reduced. The present pattern of two plenaries each morning with Commissions and Study Groups in the afternoons reduces the usefulness of the plenary meetings that are held, and does not leave enough time for the Commissions and Study Groups. People can take in only so much in the way of information and ideas at one time, and two plenary sessions each morning is too many. But an opportunity to discuss the ideas and facts presented in the plenary would consolidate and make better use of the material. Moreover, the Commissions and Study Groups did not have sufficient time to do their work adequately at Rome, so a reduction in the number of plenaries and an increase in the number of meetings of both Commissions and Study Groups would enhance the effectiveness of all three.
- c. A third recommendation with respect to plenary sessions is that the text of all presentations be secured in advance and made available in printed form to delegates at the registration desk. Speakers who are unable to supply texts in advance should not be invited to participate, and if they fail to supply the text at the proper time should be replaced.

Some delegates at Rome heard some addresses only in translation, and this is not adequate, especially if the translator must work from a text supplied only a short time ahead, or from the speech itself. The officers of the Conference and the speakers have a larger responsibility to the twenty-five hundred people who, perhaps at some sacrifice, have paid out their own money to attend the Conference than to permit so irresponsible a procedure. This is particularly true if the material is to be used in the Commissions and Study Groups and is expected to further the objectives of the Conference.



It is apparent that, if the text of a speech is supplied in advance, it can be translated into either or both of the official languages, and this translation can be adequately checked. Since some National Committees also provide translation services for their own delegates, these Committees could also make translations in advance and their members come prepared to take part with more assurance and with more usefulness. Even where delegates know the language of the speaker, they may not be sufficiently fluent to catch the flavour and the shades of meaning, but may do much better with a written text.

The difficulties of communication are great enough as things are without compounding them by an irresponsible approach to materials brought to the Conference by its leaders.

4. Most of us remember the people we met, the fellow we had a drink with in the bar, the conversation at meals, the talk we had with someone with whom we went for a long walk. These informal social contacts are of great importance and for many are the most meaningful part of the Conference. For others, the chance to meet the world leaders of social work is important, even if the chance is a brief chat at a cocktail party.

Although the Conference exists for but a short time its social life, as in all other communities, provides the soil for rich and meaningful experience. The quality of the social life is of great importance in the growth in knowledge and understanding and commitment among the delegates, and, as a result, the impact of the Conference on the world. We should give this aspect of the Conference more attention.

One recommendation would be that the invitations to the cocktail parties be handled by a central committee so that the leading figures at the Conference would be distributed among the various parties. In the same way the delegates should be distributed so that somewhere, at one of the parties, a member would have the chance to meet one or two of the leaders in the movement. The way the invitations are handled at present the leaders get invited to all the parties, end up attending two or three an evening (meeting one another at them all) and many of the delegates are left to their own resources, except for the large receptions where no one has much chance for even finding someone he may be looking for, let alone meeting any of the leading figures.

A second recommendation in this area is to set up a Conference lounge where delegates can meet one another, have light refreshments, a drink, a chat, an informal singsong or whatever seems appropriate. This social center should be such a place as friends might gather in, or where an individual would be comfortable by

himself. In the summer a large garden or an enclosed courtyard would be ideal. In such a case some of the entertainment might also be scheduled for this center.

Thirdly, since so much of the success of the Commissions and Study Groups depends on acquaintance of the members with one another, I would also suggest that a buffet supper be arranged for members of Commissions and Study Groups on the opening day of the Conference. This would give the delegates a chance to get acquainted with one another and the leadership group prior to the first meeting of the group. In this way the social activities can be made to serve the purposes of the Conference.

#### Conclusion

A final recommendation is that post-meeting reaction sheets be used in all Study Groups and at each session, as they were in Rome, and that these forms also be employed in Commissions for each session. The first reason for using this device is that the leadership is provided, as a rule, with some good suggestions and discovers where proceedings may be weak. Of even greater importance, is the fact that these forms provide the delegates with an opportunity to share in the leadership of the Conference. Not all of them will take advantage of this opportunity, but many will. In a subtle way this changes the tone of the Conference by enlarging the responsibility of the delegates and making more clear to the leaders than it often is, that the success of the Conference depends on the quality of partnership that exists between delegates and leaders.

## PART II

### "The Term "Social Work" as Used Throughout the World"

Prior to the Tenth International Conference of Social Work, each National Committee of the ICSW was asked to prepare, as part of its national report, a statement of not more than 300 words explaining how the term "social work" is used in its country. Twenty-four countries submitted reports on their national experiences and views in relation to the over-all Conference theme, "Social Work in a Changing World - Its Function and Responsibilities," and most of these included the requested statement.

The report of the pre-Conference Working Party in Milan, which drew heavily on the national reports, and particularly on the statements on "social work," was published in the April issue of INTERNATIONAL SOCIAL WORK. In addition, it is believed that the statements on "social work" will be of particular interest to our readers, and we are therefore printing those from the following countries, Italy, Japan, Netherlands, Pakistan, Philippines and Switzerland. Definitions submitted by eight other countries appeared in the January issue of this journal.

#### Italian Report on "Social Work"

The term *servizio sociale* - in this report generally rendered as social work - has gained general currency in Italy since the Second World War. Originally, it was mostly used to characterize the new approach which was considered an essential condition of enabling the social sector to share in the renewal and reconstruction which were taking place in so many fields of the country's life. This new approach can be described as respect for the fundamental liberties of persons in need, appreciation of the diversity of needs, and awareness of the rights of the human being - in short, the application of democratic principles in social assistance.

This ideological meaning of the words social work gradually assumed at once more precision and more amplitude. As will be explained presently, they came to encompass not only certain principles and values or the techniques by which these are given effect, but, by almost unanimous acceptance, also the programmes and structures which, by putting ideas and methods to the practical test, contribute to the reshaping of assistance policy.



If, then, we look more closely into the various senses in which the words social work are at present used in Italy, we find that they indicate (a) a specific method of work; (b) practical action programmes which make use of this method and are more or less explicitly inspired by the principles of social work; and (c) the objectives of some agencies, especially those set up during the last few years for the specific purpose of carrying out programmes of the type mentioned under (b). It is obvious that the existence of these agencies makes it easier to launch social work programmes, and that the practical problems encountered in putting these programmes into effect help to refine the relevant techniques and to render them more and more effective. It is a process of continuous osmosis, kept alive by an evergrowing knowledge of the concrete environment in which social work operates. This explains the rapid conceptual evolution which has taken place in Italy during the last few years. Where as the methods of social work were originally limited to the analysis and treatment of social problems seen from the individual angle, with prime emphasis on emotive and psychological factors and on the social worker's influence on the client's mentality and feelings, a much wider view is now taken of the problem. Without underestimating the importance of the above elements, the wider concept of social work always encompasses the economic and sociological background of the group or community to which the individual belongs, and an attempt is made to solve the individual's problems indirectly and at the base through the study and solution of group and community problems. This point of view logically leads to an extension of the purposes of social work from "therapy" to the "prevention" of social ills, because it is precisely through group work and community organization that we can lay the groundwork for preventing the emergence of serious personal hardships and needs or for mitigating their consequences for the individual. This also explains why so much attention is now paid in the training of social workers in Italy to the study and teaching of group and community organization methods, and why we tend more and more to attach essential importance to a thorough acquaintance with social research and social administration systems. Such knowledge seems all the more important for social workers who - as is the case with ours - are often called upon to formulate and implement new programmes or to modify from within administrative structures which are not always adapted to the new requirements.

It is, indeed, generally accepted that programming falls within the competence of social work and that the techniques and principles of social work should be applied also to the implementation of many of those large-scale social education schemes which have been undertaken in recent years, especially in our country's depressed areas. These will be discussed in more detail in the Fifth Commission report on The New Tasks of Social Work in Italy; briefly, prime importance is accorded, in these schemes, to civic education, by which the social worker can help large strata of the population to adapt their social progress to their economic progress. Often enough, indeed, social workers are chosen not the least for their knowledge of the operative forces characterizing the present phase of social transformation in Italy, and for their ability to define with sufficient precision both their own role in this phase and the duties which devolve upon them as professional experts and as members of society.

Institutionally speaking, the situation is still fluid. Traditional assistance agencies are changing at greatly varying paces and this creates a good deal of uncertainty in the definition of the tasks and nature of social work. (See also the Third Commission Report on Social Work as a Primary and Secondary Function). There are a great many intermediary shades between, at one end of the scale, the few social work agencies commonly so-called in which the administrative structure itself is geared to the aims and methods of social work as such, through others with "social work departments" charged in essence with the practical implementation of assistance programmes, but not, as yet, fully responsible for either policy formation or programme administration and, at the other end of the scale, those agencies where social workers are attached to various existing departments with the - not always well defined - task of "humanizing" relations with users. In these latter cases social workers attend to the actual reception of the public, to getting to know the users' views on those more personal problems which usually escape bureaucratic enquiry, to making special reports when some difficult or complex situation warrants it, and to other duties of this kind; but they have neither authority to change administrative practices, nor even responsibility for the practical solutions to adopt in the treatment of specific cases. In some of these agencies there is still a distinction between "assistance" and "social work", the latter being substantially limited to advisory services with respect to such psychological problems as may aggravate the clients' personal situation. It is hardly necessary to labour the point that such a concept of social work, where it still exists, is rather damaging. It is up to social workers to make still further efforts to define and make known their own potentialities and to assume their own responsibilities in full. This is all the more necessary in view of the fact that all the reform bills which have recently been submitted to Parliament envisage the systematic application of social work methods in the assistance field and the employment of staff technically trained in the use of methods. This fact also more than ever enhances the urgency of the problem of the relationship between professional social workers and other assistance personnel, as the need of providing also the latter, at all levels, with technical training.

#### How the Term "Social Work" is used in Japan

The Japanese translation of "Social Work" is Shakai-jigyo or literally, "Social Enterprise." By no means do we find any universally accepted definition of the term, but the term usually implies organized welfare activities and is used almost synonymously with social service as defined in an UN publication. The development of National Social Service Programs (1). The following activities are usually included within the well established field of social work: public assistance, child welfare services, welfare services for the physically handicapped, assistance to lower income families, assistance to war victims, medical social work, welfare services for the mentally retarded,

(1) United Nations, The Development of National Social Service Programs, 1959, p. 6. It defines social service for the purpose of the report as an "Organized activity that aims at helping towards a mutual adjustment of individuals and their social environment."

correctional services, community welfare service, community chest settlement work, emergency relief, rehabilitation service for prostitutes, etc.

Some people include the following activities within the field of social work: home improvement service for agricultural communities, family planning service, public health nursing service, youth services, and Citizen's Hall (Adult education center) programs, etc.

The following fields are usually considered to be outside of social work in this country: housing programs for the general public, employment policy and service, labour welfare programs in industrial plants, most social insurance and national pension programs, etc.

After the last war, the term "Shakai-fukushi - jigyo" (Social Welfare Services) came into common use and it is gradually replacing "Social Work." The commonly accepted explanation is that there is not an essential difference between the two terms. However, "Social Welfare Services" is considered more appropriate to emphasize the new trend of social work in which the emphasis has shifted from relief to prevention. The purpose of social work as it is understood today is not only to give help to rehabilitate individuals with dependency, ill-health, and maladjustment problems but also to promote actively the welfare of the community as a whole by various measures.

In recent years, with the influence of American social work, professional education for social workers is gradually developing and such terms as casework, group work, community organization are familiar among social workers without being translated, into Japanese. Though there is some thought that a strict differentiation should be made between Shakai-jigyo (Social Work) and Shakai-fukushi-jigyo (Social Welfare services), and that the former should only refer to a professional activity based on the specific areas of knowledge and the skills for effective performance of social service, the idea has not yet been commonly adopted. The term "Senmon Shakai-jigyoka" (Professional Social Worker) is being used by many people to describe social workers with professional training.

Netherland Report by  
Dr. H. P. A. van Roosmalen

The primary objects of social work are as follows:

- a. To extend help to those who in their own social relationships and by their own power are unable to solve the tensions which occur in their relationships with other people and with the community.
- b. To help in reforming the social environment. (1)

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(1) Social environment is understood as informal relationships.



- c. To bring to bear the experience gained in a, and b, upon the policy forming organs in the other sectors of welfare and well being. This is essential to ensure contact between social work and the community, and at the same time forms a stimulus towards improvement in structure and the integration of socio/psychic aspects into the complete social policy.

Social work aims at achieving this by methods such as those of casework, group work and social reconstruction. These methods, from the point of view of those who make use of social work, i. e., an individual, a group or a community, show the following common characteristics:

- a. Each method is evolved through, and by means of relationship with, the person concerned. (2)
- b. The approach to the person concerned regarding his relationship with his social surroundings.
- c. To make the person concerned conscious of his situation or place within this environment.
- d. To teach him to act for himself and choose his own way in his situation.

The actual function, however, is the projection of ideas on community life and action; the presentation of a wider dimension of life.

#### "Social Work" as Used in Pakistan

1. What does social work mean in Pakistan? The answer to this question will present a picture of the trends which social work has today in this country.
2. A decade ago social work meant a way of helping all categories of destitute and needy people through individual alms-giving and through charitable institutions. This meaning still prevails although its significance is on the decline. Social work has, now, been incorporated into the schedule of government work. This happened in 1955 when Pakistan's First Five-Year Plan devoted a complete chapter to social welfare.
3. A number of reasons explain the lack of understanding towards social work. The British Bureaucratic Administration which was an efficient system in ruling the people through force and fear actually robbed them of initiative and community action. Fatalistic cult of Sufism which justified human suffering and the Hindu Caste System which had been assimilated into the Muslim Culture of Pakistan are some of the factors for maintaining and sustaining the charitable character of social work in Pakistan. Islamic social welfare concepts like Zakat and Sadqat (Divine Poor Taxes), Aukaf (Religious Welfare Foundations) and Baitulmal (Repository of Divine Wealth or Public Welfare Money) never functioned

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(2) For the sake of simplicity the phrase "person concerned" is used to cover also "group" or "community".

on scientific social work lines. New attempts are being made to relate them to modern concepts of social work.

4. It has already been stated that in 1955 the Government of Pakistan accepted social work as public welfare responsibility. The government clearly laid down the role of social work in public and private efforts. Social work was no more a charity. It became a palliative, protective, rehabilitative, and preventive measure based on mobilized human and material resources for dealing with all kinds of social problems. With the emergence and acceptance of this more scientific view of social work the older views are giving way. Now people engaged in welfare activities generally understand social work to mean a modern process adopted by private or public efforts for actuating of welfare in the nation. Social work will effect particularly those who are physically and socially handicapped and those under the stresses and strains of various environmental problems. Social work is also understood to encompass various techniques of Case Work, Group Work, Community Organization, etc. The preceding chapters explain how this concept of social work has developed in Pakistan.

5. The Pakistan Conference of Social Work is the only private organization which has undertaken the task of popularizing the modern meaning of social work while the Directorate of Social Welfare and its closely associated semi-governmental organization, the National Council of Social Welfare, are the two public welfare organizations which have contributed towards this new concept of social work.

#### "Social Work" Defined in the Philippines

In 1955, the Philippine Association of Social Workers defined social work as "an art in which knowledge of the science of human relations and skill in relationships are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the individual and all or some parts of his total environment." The popular concept of social work in the Philippines is that it is a "giving" and a "helping" activity, a kind of "fix-all." The practitioner in social work in the popular concept is an encyclopedia of community resources, a skillful organizer or mobilizer of both person and things, a person who is least interested in pay but does all she does as a voluntary service out of the "ultimate goodness" of the human heart. That social work is an organized activity is a comparatively new concept and not yet too well understood except among social work practitioners in the agency setting. Although social work is now increasingly known, as the Philippine Association of Social Workers defined it in 1955, there are still instances where the sponsor of a beauty contest or the solicitor of funds for civic affairs such as community festivals or community centers is called a social worker and such activities referred to as social work.

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"The Sixth International Conference of Social Work - Its Goal and Setting"

by Joe R. Hoffer

For presentation at the 80th Annual Forum of the National Conference of Social Work, Cleveland, 1953 (unpublished)

This paper reports on the ICSW Conference in 1952 in an intimate, friendly way, yet analytically.

Raymond B. Fosdick once said that "the world needs international rallying points of unity, centers around which men of different cultures and faiths can combine in common efforts to improve and promote the well-being of the human race." We believe that the Sixth International Conference of Social Work held in Madras, India, last December demonstrated that the organization can well serve as one of these rallying points.

The Conference was an inspiring and challenging occasion. It was inspiring because it brought together in this tropical city more than 1200 persons from 32 countries of the free world; individuals with interest in and concern for the welfare of all mankind. It was challenging, because it had accepted for its theme, "The Role of Social Service in Raising the Standard of Living."

As we faced the opening day of our Madras Conference, we recognized that no international body can have any illusions about the difficulty of effective communication between people of different nationalities, ideologies, religious and political convictions, as well as different experience backgrounds. Even though an organization like the Conference is expected to have insight into such matters, we were aware that there was no assurance that this meeting would improve and not impair international understanding. This was a profoundly disturbing thought and one which guided our preparations and hopes.

To counteract these difficulties we had several assets -- the intensive participation of the representatives from many countries, and above all, the effort of everyone to reach a basis for common understanding, while respecting all opinions. These assets laid the foundation for a successful Conference.

Months before the Conference opened, National Committees had been at work preparing data relating to the major problems to be discussed by the delegates. These National Committees were asked to consider questions related to the theme of the Conference and to the subjects to be discussed by the four Commissions during the Conference. They included: (1) Training for leadership in social service; (2) the application of social work skills and techniques to the problems of underdeveloped areas; (3) the social implications of technical assistance programs; and, (4) regional cooperation in social service in Southeast Asia. There were in addition ten Open Discussion groups devoted to more specialized subjects relating to the theme.



The answers to one of the questions put to the National Committees, "What factors, material and non-material, in your country constitute the standards of destitution, subsistence and adequacy?" were especially revealing. These reports demonstrated again and again an undeniable fact of which we are all increasingly aware, namely, the picture of the world today is one of a few islands of plenty in an ocean of human misery -- and even on these islands of plenty, e. g. Canada and the United States particularly, there is still need for raising standards of living. We are beginning to see "that Communism is not primarily responsible for all the growing tensions in the areas we call 'underdeveloped'. Communism is simply cashing in on the conditions of hunger, disease and ignorance in which more than a billion people have been held captive for too long." <sup>1/</sup> One-half of the world goes to bed hungry every night; one-half of the world is suffering from preventable diseases; countless millions are homeless; and two-thirds of the world's population is unable to read or write. Concrete evidence of these conditions is presented in the historic document, "Report on the World Social Situation," issued last year by the United Nations. This misery, and not Communism, then, is the basic problem which we face.

The job that needs to be done to meet the staggering gamut of needs cannot be met or financed by any one nation, and what happens on the international level has a direct bearing on the affairs of every local community. It is a problem of the world community and therefore it is a task for everyone. A noted historian, Arnold Toynbee, has said that the 20th Century will not be noted for the discovery of the atomic bomb and the other scientific discoveries -- but as the century when human society dared think of the welfare of the whole as a practical objective. A consideration of the role of social service in this picture was the major task which we boldly accepted for ourselves, because we felt that social work had a major contribution to make to the solution of these vital problems.

The selection of India for the VIth International Conference of Social Work was unexpected and a surprise to everyone. The Executive Committee of the Conference at its August 1949 meeting in Geneva, Switzerland, was prepared to select a site in the United States or Europe because of the relative ease of travel and the presence of strong National Committees. India was considered impossible in terms of expense as well as being far away from the main stream of social welfare. At an appropriate moment, Dr. J. M. Kumarappa, one of the five Vice-Presidents (the Vice-Presidents are distributed geographically throughout the world), and Director of the Tata Institute of Social Sciences in Bombay, India, in his quiet but forceful manner reminded the members that if the ICSW was an international organization it must hold its world-wide meetings in all sections of the globe. Furthermore, he emphasized the growing importance of Southeast Asia, and in particular, India. It is important to remember that this discussion took place ten months before the Korean war broke out. With some reluctance and hesitancy as to whether we were strong enough to meet this challenge, the Executive Committee accepted Dr. Kumarappa's invitation to hold the VIth International Conference in India.

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<sup>1/</sup> Henry G. Bennett, U. S. Department of State Documents, 1951.

The decision of the Indian Sponsoring Committee to have us meet in Madras, a city with a population of approximately one million, was equally significant. Madras, while it represented the intellectual center of India, was not well known either to many of the Indian delegates or to the foreigners.

However, it was considered an appropriate meeting site because of its close proximity to the countries of Southeast Asia. Madras was also considered one of the more highly developed communities for voluntary social work, and the 32 local committees which were organized for the Conference gave ample evidence of this.

The physical setting of the Conference itself was the beautiful "Government House Estate," the group of legislative, administrative and residential buildings which constitute the site of the government of the state of Madras, grouped together on shady and well laid-out grounds. The plenary or general sessions were held in a large and attractive "shamiana," a temporary structure made of bamboo poles and split reed mats and generously thatched with palm leaves to keep out the elements (the hot sun, only, for it did not rain once). Our "shamiana", seating more than 2000 persons, was built in less than three days and was approximately 85' x 150' long with a high vaulted ceiling of white cloth trimmed in gold. Six rows of poles covered with green and white bunting, with vertical clusters of lights and more than a score of noiseless punkah-fans, added to both beauty and comfort. An exceptionally efficient loud-speaking system made it possible to hear every word which was uttered from the platform, even though one had slipped outside for a sip of coffee or tea.

The delegates who scanned the huge map of the world at the rear of the flower-garlanded stage for their home countries, gave every evidence that this was more than an ordinary social welfare conference they were attending. The delicate balance of international relations and the need for the development of good-will in the world of today, has made every foreign visitor an ambassador. Many of them, traveling as private citizens, received some governmental briefing and orientation on the political, economic and cultural life of the Southeast Asian countries, as well as the other areas of the world. The Conference, through its National Committees, supplemented this education with the distribution of reading materials and the organization of study tours and visits.

The largest study tour was under the management of ASSIST (Affiliation of Schools and Seminars for International Study and Training), under the leadership of Donald Howard and Mary Hoffer. This group, consisting of 70 Canadians and Americans, spent six weeks together on a carefully planned study tour through India and Israel. The European contingent traveled to India in two chartered planes and split up into smaller groups for special orientation visits. The delegates from Japan, Australia, Africa and the other countries arranged their own transportation and itineraries. However, whether one traveled singly or in a group, there was one over-riding motive shared by all -- we have come to learn.

The United States Embassy in New Delhi was especially cooperative and helpful in making the visit of the ASSIST group a memorable and educational one. Former U. S. Ambassador to India, Chester Bowles, gave unstintingly of his time and unusual knowledge in providing the group with a vivid picture of the vast problems being faced by India and the progress it was making toward the solution of them. Evelyn Hersey, the Welfare Attache at the U. S. Embassy, provided the leadership to an unusually large committee of Indians and foreigners who had responsibility for a comprehensive institute at Delhi. This institute proved to be the high point in giving members of the study group a thorough orientation to the political, religious and economic life of India, and an opportunity to meet with the leaders of the Indian Republic including the Prime Minister and many of the Cabinet Ministers, as well as professional people in Delhi.

This opportunity to become acquainted with a new land - the largest democracy in the world (with a population of 362 million, which is nearly 100 millions more than the combined populations of Canada, the U. S. A. and South America), was a sobering experience to many of the delegates.

Someone has said that India is not a poor country. It is rather a country of poor people. The Indian Government is trying to achieve - perhaps in a couple of decades - the level of human efficiency and welfare which required a century of technological process in the highly developed areas of the West. Many of us became humble when we realized the extent of these problems and the progress which had been made in a short five years of freedom. India has, in a sense, accepted one of the greatest challenges of our times. She has dedicated herself to human progress - to raise the living standards of her people - based wholly on human liberty.

The planners of the Madras Conference were fully aware of the work and services of the various international organizations both governmental and voluntary. Almost every major agency operating in the international social welfare scene was asked to make some contribution to the meeting and to send representatives as participants or observers. These planners recognized, too, that it had been a long and hard struggle to achieve governmental recognition of social welfare needs. There has been ample evidence, however, that governments are aware increasingly, that the political power which they hold in their respective countries carries with it direct responsibility for improving the social conditions of their peoples. This increased responsibility and conviction will be expressed ultimately through such international organizations as the UN and its Specialized Agencies.

It was felt by many of our National Committees that the United Nations has shown steady improvement in the development of international measures to promote social and economic well-being. There has been a sense of discouragement and frustration, however, in many countries as to the role of the UN. The main reason appears to be a lack of understanding by many persons of the tremendous problems the UN and its Specialized Agencies are facing, as well as in our failure to appreciate adequately the slow but significant advances these organizations have

been making since 1946 toward a solution of those problems. The National Committees of the ICSW felt that they could make an important contribution in raising the standards of living by assisting the UN and its Specialized Agencies through interpretation of their activities, such as technical assistance, social welfare experts, program, the training of social welfare personnel, and the specialized services for the physically handicapped, children and similar services.

The increased interest and participation of many governments, the international press and the wide variety of international organizations in the Madras Conference were major achievements since our Paris Conference. At that time, there was little recognition of the Conference on the part of governments or by the press. Although the ICSW is a voluntary organization, its membership includes both voluntary and governmental representatives. It can have greater effectiveness if governments will give it some official recognition and status, and if the press will disseminate its deliberations to the public.

The Madras meeting demonstrated that the Conference can provide a vital force in developing an active interest in and an awareness of the concept that social service has a part to play in the satisfaction of certain basic needs of all peoples, which is the cornerstone of peace and world security. It is important to be zealous but not over-zealous. Too aggressive a pursuit of one's goals often engenders no acceptance but reaction against these goals. The Sixth International Conference in Madras had therefore a significant and timely goal - and a matchless "setting" for a notable contribution in our troubled times.





"Committee on NCSW-ICSW Relations - Report to NCSW  
Executive Committee," Conference Bulletin, Fall, 1958

This item considers the effectiveness of the NCSW-ICSW relationships in 1959, and makes recommendations for the future.

Since this report was written, the U. S. Committee of the ICSW has become a semi-autonomous body within the NCSW with staff services being provided by the Conference staff.

Editors Note: As announced in the Summer Bulletin, we are printing the full report of the Committee on ICSW-NCSW Relations. The relationship of the National Conference to the International Conference has always been close though informal. The time is rapidly approaching when a formal relationship must be defined. The U. S. Committee of the ICSW, headquartered in the National Conference office until 1951, has been with the National Social Welfare Assembly since that date. It must again be moved and the question of its location must be decided within a few months. With these matters demanding immediate attention, it is thought that all the NCSW members should be informed of the status of our participation in the ICSW and international social welfare.

The Concern of American Social Welfare with International Social Welfare

In this stage of history American social welfare is inevitably concerned with the international aspects of the field as an inherent and integral part of social welfare. The American social worker as part of his professional education should know something of the development of social welfare in all parts of the world, the distinctive differences in the developments in the United States and also the nature of international social problems and the available structure and organizations to deal with them. This is being recognized in the current Curriculum Study of the Council on Social Work Education.

Since our social institutions had their origins in institutions in older countries, welfare workers in this country need to understand the historical developments in other countries and their effects on institutions in the U. S. Furthermore, in meeting our own social problems in this country we need the benefit of the experience of other countries. There are many developments in other countries about which we should be informed because they can be of direct value to us in developing our own programs. For example, our work in rural areas might be strengthened through the use of the methods employed in the current community development programs in economically underdeveloped countries.

In addition, familiarity with developments abroad is clearly needed because of the key position of the United States in world affairs today which means that our

government must give leadership in the development of social policy with social welfare measures. Since social affairs are closely interrelated with economic and political developments, it is not possible for social welfare to divorce itself from these concerns of our government. Consequently, leaders in the field in this country must be prepared to give guidance to the official agencies in these matters.

#### The Concern of NCSW

The National Conference on Social Welfare is a means for exchanging ideas among all types of social welfare personnel - professional and lay - in the U. S. In order to carry out the forum function in this country in our present stage of historical development, the Conference must be interested in the international aspects of social welfare and think in terms of providing forum programs that bring to its members information about comparative social welfare and about international developments in the field.

#### Channel for NCSW Participation

If we accept the preceding assumptions, the question then arises as to the extent to which the International Conference of Social Work serves as the means for providing the kind of information and international point of view which is desired in the NCSW. In studying the two conferences, one finds that they appear to have the following characteristics in common:

1. The forum function is basic to both.
2. Both accept a broad definition of social welfare, which is able to encompass new programs and techniques for achieving social welfare objectives as they emerge.
3. Both have an inclusive membership, not being limited to professional social workers, but encouraging the participation of all persons interested in the broad field of social welfare.

These factors have been responsible for a close relationship between the two organizations from the time of the first suggestion that an International Conference should be established, which was put forth by Dr. Rene Sand at the 50th Annual Meeting of the NCSW in 1923. Since then the NCSW has recognized the common purposes and interests of the two bodies and has considered the ICSW program and activities as a concrete and identifiable means for the National Conference to benefit from and make its contribution to international social welfare. In 1930, the NCSW Executive Committee expressed this point of view in a statement which concluded that "the common purposes of the two bodies - national and international - make cooperation a natural course."

#### Effectiveness of Present Arrangements

The sharing of the Secretariat by the two conferences began in 1946, when Howard



Knight was named Secretary General of ICSW, an action at which the NCSW Executive Committee expressed gratification. Joe R. Hoffer became Secretary General in 1948 at the time of his appointment as Executive Secretary of the National Conference, which means that nearly ten years have been completed under the present arrangement.

In the view of this Committee, the quality of leadership given by the NCSW staff has been strengthened by its direct participation in the International Conference. It is our understanding that the staff believe that in the past ten years there have been only two occasions when there was a conflict of interests involving use of staff time. A question has been raised, however, as to whether the division of the time of two persons between two organizations does not inevitably mean a loss of effectiveness. On the other hand, the Committee considers that this disadvantage is at least to some extent offset by the value to the National Conference of the direct relationship with the international organization in the same field.

The Committee recognizes that the present arrangement may interfere with the freedom of the officers, especially the President, in planning for work with the staff and therefore particularly careful planning is required by both officers and the staff in order to meet the pressures involved in an annual conference whose officers serve for terms of only one year.

The more serious consideration is that the present arrangement sets a limit on the operations of the National Conference at their present level, preventing possible expansion and new activities, such as special fund raising. Therefore, even though the arrangement has proved a good one during the first post-war period, it is likely that for a long-term basis it would be desirable to plan for full-time staff for the National Conference. The urgency of taking steps in this direction depends, of course, upon the importance which the Executive Committee attaches to the undertaking of additional activities by the NCSW. The basic policy question of the function and scope of the Conference has a very important bearing on the relative desirability of working with the international organization and of expanding other activities in this country. Therefore, this Committee would suggest that an effort be made to clarify the major functions of the National Conference that should receive priority in staffing and financing and if there is agreement that it is desirable for the Conference to have full time staff, that immediate steps be taken to plan toward achieving this objective.

The basic principle in the financial relationship between the two organizations is that the NCSW underwrites the ongoing expenses of the ICSW Headquarters office in the United States. At the end of the year an accounting is made, and funds are transferred from the ICSW to the NCSW to cover the ICSW share of these items. Over the years there has in general been an upward trend with the amount varying from approximately \$9,000 to \$15,000 annually. Certain "indirect" charges which it has been impossible to allocate to either organization on an exact basis have been assumed by the NCSW and regarded as its contribution to international social welfare. This amount, which has been limited by Executive Committee decision to \$5,000, has varied between \$1,511 and \$4,750.

The present arrangement has two important financial implications for the NCSW which the Executive Committee needs to be fully aware of. One is that if at any time ICSW income does not come up to expectations, funds would not be available to repay the NCSW. In effect, therefore, the NCSW is underwriting the total International Conference operation. The second relates to possible reallocation of staff time, which could become a problem as a result of the fact that due to unforeseen circumstances the ICSW Executive Committee was forced to postpone the Tenth Internatl. Conf. until 1961, thus reducing the anticipated ICSW income for 1959-60. Two alternative ways of dealing with it appear possible.

1. The ICSW can continue to operate at its present level on the understanding that if it is unable to make full repayment to the NCSW for 1959 or 1960, it will do so from the income from registration fees in 1961, when an unusually large Conference attendance is anticipated.
2. The ICSW can curtail its operations in 1959 and 1960 by reducing the amount of staff time spent on ICSW business. This would release a certain amount of time of the Executive Secretary and the Assistant Executive Secretary for NCSW work, but it would mean that the NCSW would have to find a way to pay for this additional service.

#### Effect on International Character of ICSW

A philosophy of genuine internationalism would imply that the Secretariat of the International Conference should not be permanently located in one country or its membership dominated by the nationals of any country. It may be, therefore, that the International Conference will wish to consider how long it believes the present arrangement should be maintained.

American social welfare has a genuine interest in building a strong International Conference and ensuring that it is truly international in nature. Consequently, the Committee believes that the ICSW should be in a position where it could decide the question of the location and composition of its Secretariat on the basis of an objective consideration of all the factors that might be involved, e. g. the desirability of rotating the Secretariat, the possibility of having the Secretariat in a centrally located spot from the point of view of the largest number of National Committees, and the most economical use of available resources.

If the ICSW were to move its Headquarters to some other country, it would still have to find a way to carry out its consultative function at the United Nations in New York unless it were decided to give up its status with UN.

#### Long-Term Objective

The Committee believes that not only the National Conference but also the International Conference should give attention to its future and the need to obtain more

adequate financial resources. The Committee considers that the basic long term financial objective of the ICSW should be to secure sufficient funds so that it can freely and democratically reach a decision about the location and personnel of its Secretariat without this being dictated by immediate financial considerations. This conclusion implies that there will be additional financial support from the United States as well as other countries. In any effort to secure such support the Committee assumes that the National Conference, through provision in its own budget and in other ways, would wish to carry its fair share as a major American national social welfare organization, whether or not the two organizations share staff and facilities as at present.

#### Practical Considerations in Present Situations

This Committee feels that with the resources currently available to the two organizations the present arrangement should be continued for the time being as long as it is satisfactory to the ICSW and the NCSW, namely that the two conferences will continue to share staff and office facilities and the National Conference will continue to provide a subsidy to the ICSW at approximately the same level as in the past. This implies the need for key staff members to balance the interests of both organizations, and, for the time being at least, if there is a question of priorities which the staff cannot resolve, first priority would continue to be given to National Conference matters.

The Committee suggests one immediate modification and that is to change the financial reporting so that the cash contribution made each year by the NCSW (in the form of services by the NCSW staff on ICSW business for which no repayment is received) will be reported as part of the total U. S. contribution to the ICSW and added to the U. S. quota. This would give to ourselves and to the world a more realistic picture of the U. S. contribution, thus perhaps encouraging larger contributions from other countries.

The committee suggests that the NCSW Executive Committee consider regularizing the financial arrangement by allocating a certain amount (presumably (\$5,000) in each year's budget as its contribution to international social welfare, rather than "writing off" an amount at the end of the year. This would be paid to the ICSW at the beginning of the year.

#### Implications for NCSW

The National Conference needs to give immediate consideration to the implications for its program and finances if the ICSW Secretariat should be moved at some future date. At the present time the expenses of the New York office are shared by the two organizations. The major NCSW functions performed in this office are: the provision of service to the Program Committee; liaison with the Associate Groups, most of which are located in New York, including staff service to the Committee on Combined Associate Group meetings; staff service to the Committee on Audio-Visual Aids.

As indicated earlier, funds are not available in the present budget to pay for the full-time services of the Executive Secretary and the Assistant Executive Secretary and support the New York office. The staff estimates that between \$8700 and \$9700 would be needed annually to continue the present staff for full-time work with NCSW and the two offices without the income now received from the ICSW.

In the absence of additional funds in this amount, the Executive Committee would have to make some important decisions, including whether or not to combine the two NCSW offices.

#### Conclusions and Recommendations

On the basis of a review of all the facts in the present situation, the Committee submits the following conclusions and recommendations:

1. The membership of the NCSW should be more aware of the importance to them of international social welfare and of the principles underlying the close relationship between the NCSW and the ICSW, including the values that have accrued to the NCSW from the sharing of staff because of the common program content and the common function of the two organizations. Such an awareness is essential as a basis for working toward the goal of more adequate financing for the ICSW. Therefore, it is recommended that these principles receive attention in the Conference Bulletin and annual meetings of NCSW members and through circulation of this Committee's report and discussion.
2. The Committee hopes that the NCSW Study Commission in considering the subject matter of the Annual Forum will pay particular attention to ways and means of ensuring that adequate emphasis is given to the international aspects of social welfare in NCSW program planning. This is particularly important since international topics are not generally dealt with in the conference programs of other national social welfare organizations. In addition, it would be desirable for the Commissions to make provision for adequate program time for the U. S. Committee of the ICSW.
3. The goals of the National Conference in regard to its relationship with the ICSW should be: (1) to build a widespread understanding of the desirability of the adequate financing of the ICSW so that it can be free to decide on the best location and personnel for its Secretariat; and (2) to ensure adequate financing of its own program so that it would not be jeopardized by a separation of the two organizations.
4. In the present situation the Committee recommends continuance of the arrangements relating to the common use of personnel now in effect, at the same time urging that efforts be made to ensure more adequate provision for staffing both organizations.



5. The budgetary procedures should be modified to reflect the full contribution up to \$5,000 being made to the ICSW by the NCSW and this should be reported as part of the overall U. S. contribution to the ICSW with a matching increase in the U. S. quota. The Commission recommends that the Executive Committee consider, as suggested earlier, making a regular appropriation of the full amount of \$5,000 to the ICSW in each year's budget, instead of "writing off" an amount at the end of the year.
6. It is recommended that the Executive Committee forward this report to the U. S. Committee of the ICSW, calling its attention especially to the statement on long-term objectives and to the preceding recommendations.
7. Finally, it is recommended that the Executive Committee forward the report to the ICSW, with a request for its critical appraisal of the statements on policy and its comments.

Savilla M. Simons, Chairman  
Robert E. Bondy  
Eveline M. Burns, ex officio  
Melvin A. Glasser  
Margaret Hickey

Jane M. Hoey  
John McDowell  
Arch Mandel  
Charles I. Schottland  
Dr. George Stevenson



Work has a distinctive and a most important role to play in focusing thought, study and evaluation on social needs throughout the world, and particularly in countries and regions where social services are relatively underdeveloped.

- (4) "How can the International Conference help identify basic social needs and basic social principles underlying effective social practice and at the same time:

- (a) respect cultural differences; and
- (b) avoid appearing to impose standards? "

In formulating basic principles and in recommending action to operating agencies, the International Conference of Social Work would be well advised: (1) to maintain active liaison with established research agencies; and (2) to avoid assuming operational responsibilities.

Now for the second major question.

"Should the International Conference of Social Work attempt to confine its activities primarily to those matters which occupy the attention of the Social Commission of the United Nations? "

This question arose as a result of a strong proposal advanced by the National Committee of FINLAND. More specifically, the question involved is:

"Is it possible or desirable to delimit the activities of the International Conference of Social Work by reference to the activities of one or some combination of official agencies within the UN? "

The Commission's answer is no" for two reasons:

In some areas of work the International Conference of Social Work should go further than the UN and its specialized agencies. Secondly the Conference's very structure and composition, and in particular its dominant voluntary character - makes arbitrary delimitation by reference to an official agency unsatisfactory if not actually untenable.

Sub-questions 2 and 3 may be taken together.

- (2) "What criteria should be applied to determine the kinds of activities which the International Conference of Social Work should undertake in developing the substance of social work practice throughout the world? "
- (3) "Can a clear differentiation be made between matters which are essentially national and those which are essentially international (regional or planetary) in character? "



The Commission considered that a very simple definition is indicated viz. it is international if it involves more than one country.

Three criteria are proposed by the Commission:

- (a) the activity should be truly international;
  - (b) the activity should deal with social welfare matters in the broadest sense;
  - (c) the activity should give special emphasis to problems of high priority and widely recognized throughout the world.
- (4) "Assuming the desirability of the closest possible cooperation between the International Conference of Social Work and the United Nations and its several specialized agencies how best can this cooperation be developed? What guiding principles are involved?"

The Commission considers six possible guiding principles and offers them for further discussion and study.

- (a) Establish status by having a person on the spot designated by the International Conference of Social Work.
- (b) Establish machinery whereby the International Conference can take a position on matters of substance.
- (c) Establish a standing committee with power to act for the International Conference between conferences.
- (d) Consider the possibility of having additional persons designated on a voluntary basis to act as consultants to the United Nations and its specialized agencies.
- (e) Establish priorities to prevent the Conference from spreading itself too thin.
- (f) Be prepared to consult with other non-governmental agencies, for joint action, where necessary, or to lend support to any agency having special competence in relation to the action involved.

This brings us to the third and last major question:

"Is it the function of the International Conference of Social Work to stimulate and encourage appropriate demonstrations, pilot projects and experiments?"

The three sub-questions are:

- (1) "If so, where should these be undertaken and under what auspices?  
(a) individual countries; (b) groupings of countries?"
- (2) "What conditions should be met to justify activity of this kind on the part of the International Conference of Social Work?"
- (3) "Assuming that study, survey and research represent appropriate and necessary functions, how best can the International Conference of Social Work stimulate and influence such in terms of both (a) focus upon high priority problems; and (b) use of the most appropriate and effective methods?"

The Commission's answer to the major question here under consideration is an affirmative "Yes." Certain qualifications are suggested. Initiative should come from the country or countries concerned. First priority should be given to underdeveloped areas, geographical and functional. Encouragement should be given to regional groupings and the development of regional projects where common problems are confronted.

Special point was made of the potential value of the recent report of the Social Commission of the United Nations following its meetings at Lake Success in April and May, 1950 and particularly the appendix which sets forth the proposed five year programme for the Social Commission. It is here strongly urged that the secretariat of the International Conference of Social Work arrange for the distribution of copies of this report to all National Committees. The Social Commission will welcome comments, criticisms and suggestions. One special use of the report would be to serve as a possible guide to National Committees in its own deliberations and programme planning.

At the closing session of our Commission yesterday, the members of the Commission presented a beautiful bouquet of flowers to our rapporteur and interpreter, Mrs. Small. I should like to propose that we share this bouquet, symbolically now, with those who performed this gracious service in each of the other Commissions and, above all, to Dr. Sand himself.

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### ICSW General Development Project

This paper was developed in the fall of 1957 by the staff and written by Virginia Robinson for developmental purposes. It outlines the financial needs of NCSW if it is to achieve its present goals and purposes. (To date, the ICSW still has only two regional offices -- in Bombay, India for Southeast Asia, and in Paris, for Europe and the Middle East.)

#### I. Human Development - A World-Wide Goal

Among the people of the one hundred countries on the face of the globe, the impulse toward human betterment is basic to life. Wherever they may be -- in the mountains, deserts, valleys, or along the coastlines of the five continents -- and however they may visualize "security" -- as a herd of sheep, a house of brick, a sea-worthy vessel, or an electric dishwasher -- people everywhere strive toward a goal of security and well-being for themselves and their families. As they gain this "first line of security," they are able to join others in working toward better conditions of life in their communities and their nations.

#### Growth of Social Services

Though they have grown complex with the years, organized welfare, health, and social services have their roots in this simple basic fact of life; common human needs and a shared goal for human betterment.

Each country has its own way of striving toward that goal, because of differences in cultures, beliefs, economic system and standards of living. The pattern of services varies widely among and within countries, for the needs are diverse, and types of sponsorship are many -- religious and non-sectarian; local, national, and international, both voluntary and governmental. Today thousands of professional workers and citizen leaders the world over are engaged in this great joint effort.

#### Unity Amid Diversity

The biennial forums held under the auspices of the International Conference of Social Work offer a singular opportunity to these people. Delegates come from more than half the countries of the world. Those of small nations and large, the still-agricultural and the heavily-industrialized nations with the simplest of health and welfare programs, and those whose services are a vast country-wide complex network -- all take part in a free exchange of knowledge and ideas. Amid a welter of diversity in costume, language, heritage, where each is both learner and teacher, a common bond asserts itself: the bond of those who are deeply devoted to the idea that people everywhere may become healthy, mature, self-supporting persons, able

to realize their own best hopes for themselves, their children, their countries.

#### A Link Between Nations

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#### A Unique World Forum

ICSW is a permanent world-wide organization of individuals and agencies concerned with the social welfare needs of people. Its meetings constitute the only international forum of its kind -- autonomous, independent of government or voluntary agencies of any country. Its thousands of lay and professional members and participants, while speaking out of experience in agencies, speak only for themselves, as persons.

The Conference purpose is as simple, yet profound, as the impulse that gave birth to social service itself: to encourage and promote exchange of information and experience among social workers and social agencies throughout the world.

#### Rooted in Member Countries

ICSW maintains a permanent Secretariat in the United States, and regional offices in Europe and Southeast Asia. Plans for a third regional office, in Latin America, have been blue-printed. Its present staff, all part-time, consists of a Secretary-General, an Executive Officer, and two Assistant Secretaries-General. Conference officers and committee members give much valuable volunteer time to supplement the limited staff-time.

The basic units of Conference structure are the National Committees, now active in 30 countries. In six other countries, committees hold provisional membership. Fifteen countries are on the waiting list for assistance in organizing to become member countries of the Conference.

Conference memberships are held by individuals in countries other than member countries, and many more than the 26 member countries are represented at the biennial meetings.

A 21-member Executive Committee, elected by an representative of the international membership, meets annually to conduct the business of the organization.



### An Educational Program

The center of the program is the biennial forum. Planning for this program is done by an internationally-representative Program Committee. It is conceived as a series of related educational meetings, centering on a broad theme of common interest throughout the world. Comprehensive reports of developments pertaining to the theme are made in advance by each participating country. At the forum held in Munich in 1956, where the theme dealt with industrialization and social services, the composite of these materials described social services of countries in all stages of industrialization, offering a unique opportunity for countries where industrialization is just beginning to learn from the experience of those more advanced industrially.

To expand the value of the Conference experience, ICSW has sponsored pre-Conference study tours to give social workers the opportunity to study social welfare programs in countries other than their own.

In a further effort to extend the usefulness of the forum experience, ICSW has sought to bring to its platform and discussion sessions, people who are engaged in pioneering work, for example, in the less developed countries, and who give evidence of being "leaders of tomorrow" in social work. For these conferees it has sometimes been possible to add an opportunity for observational travel and conferring with social welfare leaders in various countries on the way to and from the meeting.

In addition to sponsorship of the forum, ICSW has a limited continuing program which includes publication of the forum Proceedings and a newsletter, work with National Committees on membership and financing, and maintaining consultative status with the UN Economic and Social Council, UNICEF, UNESCO, WHO, and the Organization of American States (Pan American Union).

### Financial Support

For nearly thirty years, the social work community itself has provided most of the support for ICSW. Two-thirds of the current minimum operating budget comes from Conference registration fees and quota contributions from National Committees. The remaining one-third is met through contributed services of individuals and agencies of many countries, chief of which is the substantial contribution made by the host country for the biennial meeting.

## II. Expanding Opportunities

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A myriad of programs have been organized, contributing to the welfare and health of millions of people all over the world. The aftermath of war, with its relief needs and refugee dislocations, has created great social demands. Those great 20th Century experiments in assistance to the less developed countries -- technical assistance, economic development, community development -- have drawn on social work experience, and responsible social workers in many parts of the world are eager for even more of social work know-how to become part of these important programs.

Governments, through the United Nations and in their own international interests, participate in welfare and health programs whose benefits are geographically far-flung. Voluntary international programs of long tradition have been greatly extended. Thousands of professional workers and lay people, acting as board and committee members, are involved in this field which only yesterday was known to just a few people in each country. Substantial amounts of money are being invested in international social welfare, coming from governments through the United Nations or in direct assistance from one country to another, and from increased voluntary contributions.

Needed: A 1957 Budget for a 1957 Job

There is urgent need for the International Conference to be able to grow with these times, and to continue to take appropriate leadership in the social welfare field as it spreads in scope and deepens in quality.

The phenomenal growth of the field has led to widespread and constantly-increasing interest in the content of the forum programs, and, by the same token, in the Proceedings which record this content. The realization that so many people from so many parts of the world look to the meetings and the Proceedings for help in shaping the rapidly-growing international social welfare program, brings an acute sense of responsibility to those people of the ICSW staff and committees who are charged with developing and carrying out the program.

In the past decade, ICSW membership has grown and support has increased, but these new demands and opportunities have grown faster. The program which has been described here is being carried by part-time staff, supplemented by officers and committee members giving volunteer time. When international social work was in its infant stage, this was sufficient. Today the Conference is in the position of trying to do a 1957 job on a 1925-vintage budget.

Among the program aspects now urgently needing financing, only one -- establishment of an additional regional office in Latin America -- is a real expansion item. Individual ICSW members in Latin America feel this move is indispensable to development of participation among the Latin American countries of that region, and look forward to its also facilitating increased joint social welfare planning in Latin America.

Analysis of needs and resources shows that all other current proposals could be met through additional staff time and a greatly-increased travel budget.

Additional staff time is needed in two major areas: carrying responsibility for consultative status with UN and its specialized agencies, and giving assistance to National Committees.

ICSW is acutely aware of the necessity for its taking a more fully participating part in its work with the UN. The UN itself, as well as the Conference membership, cherishes this opportunity to bring to United Nations deliberations the collective advice and point of view of organized social work over the world.

Fifteen countries are now on the waiting list to develop National Committees and become member countries of the Conference. Established National Committees have registered need for assistance in developing sources of financial support within their countries. An important tool in strengthening communication among these far-flung segments of ICSW membership is a proposed quarterly publication. This modest expansion of the publications program can also be effected through increased staff time.

For an international organization, funds for travel constitute a large and important budget item. Work with National Committees and attendance at planning and business meetings for officers, committee members and staff entails extensive travel. The vitality of the Conference rests on maintaining a truly international character in the annual meetings of its 21-member Executive Committee, and the biennial meetings of the Program Committee which plans the forum sessions; thus, travel funds must be found for these important policy and program-makers. In addition, experience shows that travel-study opportunities for promoting leaders in connection with the biennial meetings yield invaluable returns -- for the country, for the social welfare field, for the Conference itself. ICSW would like, by way of an increased travel fund, to extend this plan to many more people, as well as to be able to ensure full attendance at its business and planning meetings and to deploy its staff readily to give assistance to the various countries requesting it.

#### For the Future

The devoted individuals from many countries who now share responsibility for planning the future of the Conference are agreed that what is needed is simply the resources to do the job now being done on a necessarily limited scale -- but to do it better. This joint international enterprise has been able to exert an educative, stimulating influence far out of proportion to its small-scale budget. The proposed modest expansion of the budget to operate the Latin America regional office for a demonstration period, to add to staff time in the interests of more assistance to member countries, and would-be member countries, and to increase the travel budget, would extend the organization's impact, again far out of proportion to the monetary increase. ICSW's thirty-year history is packed with evidence of its usefulness to social workers and social agencies as they strive to help people the world over toward their shared goal of human betterment. This experience can serve as a foundation for leadership in the next decade which would hold so much promise for world-wide growth and development of human welfare.



Budget

To carry out the expansion outlined above the Conference requires the following funds per biennium:

Consultative status with UN	\$18,000.
Expenses of Executive Committee members	10,000.
Expenses of Program Committee members	10,000.
Expenses of Conference participants	15,000.
Study tour expenses	3,000.
Latin American Regional Office	10,000.
Work with National Committees	35,000.
Conference Proceedings in French and Spanish	4,000.
Quarterly journal	<u>10,000.</u>

TOTAL \$115,000.

The amount has been broken down on a project basis to show what would be required to undertake any of the specific activities.

September 20, 1957

